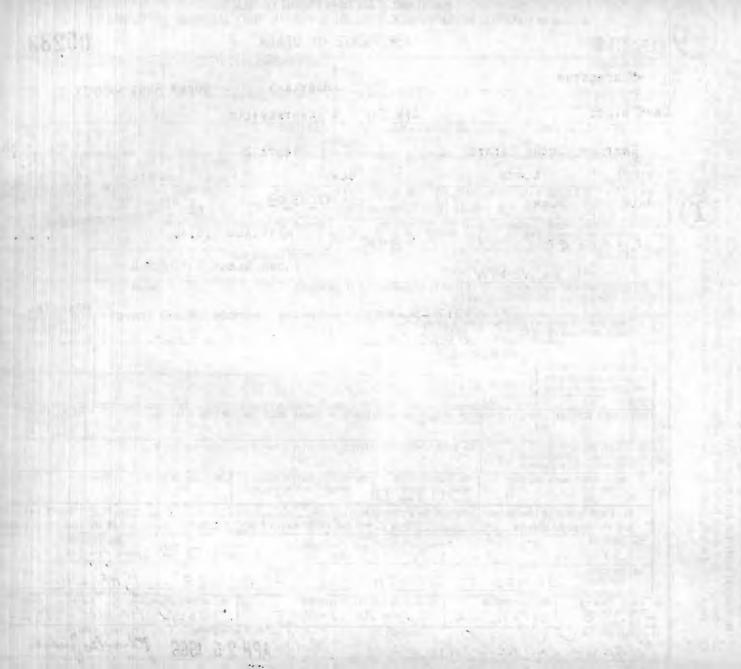
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05232 and 2 death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o STATE b. COUNTY MARYLAND Maryland Dorchester. papers. Pages 1 hin 72 hours after Dorchester Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cambridge (rural Cambridge 3 vrs 7 mes .= d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? filled NO Eastern Shore State Hospital remaye carbon r 3. NAME OF 4. DATE Year Middle Month DECEASED eyent (Type or print) DEATH IF UNDER 1 YEAR April Roland Baward AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Haurs WIDOWED DIVORCED 02-18-73 White puo 12. CITIZEN OF WHAT 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) COUNTRY? attending physician permit. Then please Gas & Elec. Retired Dor. Co. Maryland Plant manager 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Annie Evans Sa m H. Andrews 16. SOCIAL SECURITY NO 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. ar unknown) If If yes give war or dates af service 213-08-576 Records of the Eastern Shore State Hospita INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: 15 Wife IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause be detached far use as the State Dept. of Health prior ta this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? NO was mercandial 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20d INJURY OCCURRED (City or town) 20c. TIME OF INIURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While at work of work 21. I certify that (1) (this haspital) attended the deceased from Sept 24, 1962, to Closel 27, 1966, that (1) las saw the deceased alive an Correl 27 1966, and that death accurred at 645 PM, from causes and an the date stated above DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S O FUNERAL NAME (Type) Eastern Shore State Hospita 1 John B. Webster M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF 23g. BURIAL, CREMATION REMOVAL (Specify) Cambridge Dorchester MD Cambridge Cemetery Burial 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUMERAL DIRECTOR

1858C revised and server (and finish that I am ) (Lotter) with troops E JAJ (good A) htt arm Gurretus Alenda de la constante de la c IN WATER -handy or one bedra cash are those foula many on a last mouth inspect out to absorbed the medical The later of the second Total to the test of the state APPENDING TO THE STATE OF THE S

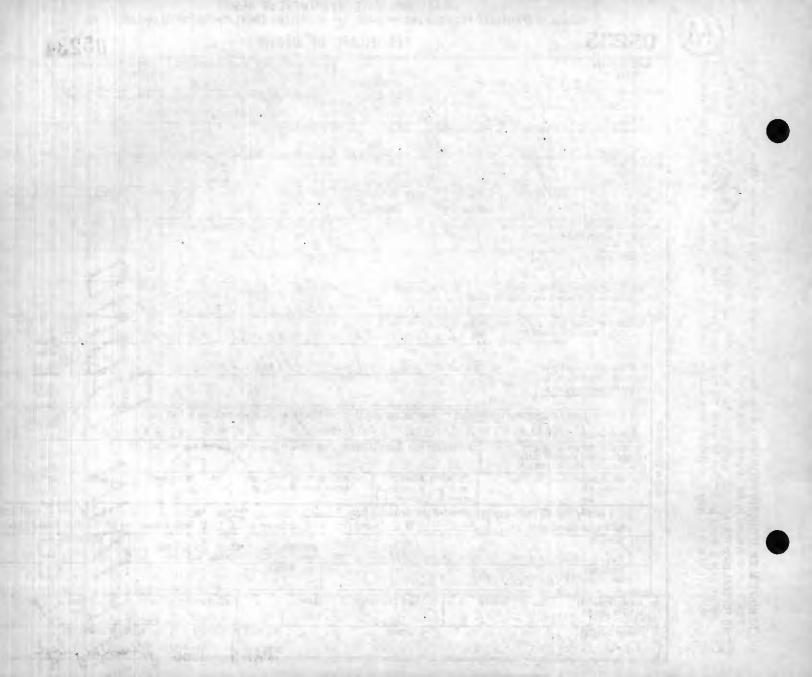
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 05233CERTIFICATE OF DEATH after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Dorchester Maryland Dorchester MARYLANO b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours Write RURAL and give nearest town) hours 9 months Federalsburg - Rural filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? Belle Haven Nursing Home River Road YES 30 NO within etely carbon NAME DE First Middle Last DATE Month Day DECEASED comple Bertha 23 (Type or print) Dickerson DEATH Apri I 19 66 Bigham 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours | Min. executed 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED етоме 5. SEX 8. DATE OF BIRTH and Female October 10,1884 White WIDOWED T DIVORCED ( 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be Sussex County, Delaware Housework Home USA 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME George Truitt Ella Hellens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) Unknown W. Wilson Dickerson, Hurlock, Md., RFD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN enal Failure Right Hemiplegia PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed the buria. OUE TO Conditions, If any, which Carabral Arteriosclerosis gave rise to immediate DUE TO cause (a), stating the underlying cause last. 25vrs Generlaized arteriosolerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from . that (I) (we) last DIRECTOR: age 3 should led with the , and that death occurred at 4:35M, from the causes and on the date stated above. saw the deceased alive on. 66 19 22a. SIGNATURE 22b. OATE SIGNED MED. page April 25,1966 FUNERAL PHYSICIAN'S TO FUNERAL director, p 22d. AOORESS NAME (Type) Harold B. Plummer, M.D. Preston, Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) April 26,1966 Hollywood Cemetery Harrington, Delaware ADDRESS FUNERAL OIRECTOR Framptom and Son. Federalsburg, Maryland VR A15 (4) 20M 1/65

Tereseloral hastyrah. SECTION AND TO Sept Land S margicles To vigga Labours - Burnst melle laven linrelten dom bank way? About 1 lings serving normal server DESCRIPTION BY MALESTON - addall nladni Localities 8007 211077 61700 mafful off hill and distance morning and the 121/2/2017 Sect 1 25, 1956 farold P. Planter, M.D. Preston, Assylned negalmine, promining and systems boosytist dott, to liven fatrall Miller year property 1. J. Er sept. M. sod Sen, Poternishmen, Saryingd

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05233 15234 requires that the death certificate be executed within 24 hours after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funeral 1. PLACE OF DEATH O. CONTRCHESTER g. STATE b COUNTY pletely filled in by the fur carbon papers. Pages 1 ent, within 72 haurs after MARYLAND MARYLAND QUEEN AND COUNTY
C. CITY OR TOWN (II outside carporate limits, write RUKAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, CAMB RIDGE 2.YR 3M0 CENTERVILLE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 13 NO SO YES EASTERN SHORE STATE ROUTE NAME OF Middle DATE Month First Doy Year Lost and campletely DECEASED BLAKE LLOYD 1966 APR:IL 16 DEATH Type or print 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Doys Hours NEGRO MALE WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) please **COUNTRY?** U.S.A. INDUSTRY puo ARN 14. MOTHER'S MAIDEN NAME
NORA THOMAS 13 FATHER'S NAME cremation, ar removal, Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, or unknown) (If yes give war or dates of service HOSPITAL RECORDS EASTERN SHORE STATE 18. CAUSE OF DEATH (Enter only one cause per line for (a); (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar ottending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), **DUE TO** stoting the underlying couse hos been ‡ last. (c) dS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ERTIFICATION be detached far use State Dept. of Health YES . NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, affice bldg., etc.) Not While at work at work 19 60 that 41) (we) last 21. I certify that (# (this haspital) attended the deceased from. 19 66 to director, page 3 should should be filed with the M, fram couses and an the date stated obove. 19 6 G and that death accurred at saw the deceased alive an. 220 SIGNATURE 22b. **DATE SIGNED ATTENDING** DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S BRIDGE ITH NAME (Type) AMES 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION, REMOVAL Specify ANNE Deen 20 veen 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05235 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. funeral l ond ter deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY estep MARYLAND on popers. Pages 1 within 72 hours ofter ROBESTER b. CITY OR TOWN (If outside corporate limits, E. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) umbrio = d. NAME OF HOSPITAL OR INSTITUTION (IF d. STREET ADDRESS IS RESIDENCE ON A FARM? not in hospital, give street address filled NO Y YES NAME OF Middle HOC 4. DATE Month Year DECEASED 005 (Type or print) OPENCE DEATH 19 AGE In veors IF UNDER 24 HRS 6. COLOR OR DATE OF BIRTH MARRIED NEVER MARRIED lost birthdoy) Hours DIVORCED In ony WIDOWED rem and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 180. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY ? ottending physician operation of the please ond ENNS rlvaNia ONE 13. FATHER'S NAME MOTHER'S MAIDEN NAME buriol, cremation, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, ng, grunknown). (If yes give wor or dates of service INKNOWN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse for use as the ! Health prior to b has been last WAS AUTOPS!
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) **Not While** ot work L at work 21. I certify that # (this hospital) attended the deceased fram. ond that death occurred at 2315 M. from causes and on the date stated above. DIRECTOR: saw the deceased olive on 2 MU 196 22q, SIGNATURE M.D. DIRECTOR PHYS PHYS. poge 3 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL e e NAME (Type) director, NAME OF GEMEFERY OR CREMATORY &d. AOCATION (City or Town) (County) (State) 2So. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE



## TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4 magnetized by the hospital or attending physician. TO FUNERAL DIL TOR. After this certificate has been signed by the attending physician and completely fills by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	, MARYLAN
05236	CERTIFICATE OF DEATH	05

-1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res						
1	Dorchester MARYLAND	. STATE Maryland b. countyorche	ester					
ď	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Il outside corporete limits, write RURAL and give neerest town)						
	write RURAL end give neerest town) Cambridge 5 Days	danstides Elliott, Md.	29-1					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE					
-			ON A FARM?					
9	Cambridge-Maryland Hospital	Rural	YES NO.					
-1	J. NAME OF First Middle DECEASED	Lesi 4. DATE Month	Dey Yeer					
-1	(Type or print) Sarah Elliott	Bramble DEATH Apr. 9,19	66 19					
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 Y	EAR IF UNDER 24 HRS.					
	Female White WIDOWED TO DIVORCED 3	July 29,1882   last birthday)   Months   Di	bys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY?					
1	Homemaker	Elliott, Dorchester Co.	U.S.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Edmond J. Elliott	Martha C. Moore						
Т	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown)   (Ifyes give we ror detes of service)	NFORMANT Address						
	No E3	bert M. Elliott, Elliott, Md						
=	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN					
-1	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH					
-1	IMMEDIATE CAUSE (6) COPODIAL NOMOTIV	IMMEDIATE CAUSE (6) Cerebral hemorrhage 2 days						
-1	DUE TO							
-1	Conditions, if eny, which \ (b) Arteriosclerosis		Undet.					
-1	gave rise to immediate cause (a), stating the underlying  DUE TO							
	cause lest.							
-1	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1						
2	Tuberculosis 008/		YES NO					
	OR CONTRIBUTING [] CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 18.)						
- 1								
-1	U land	CE OF INJURY (Home, farm, 20). (City or town) (Count ory, street, office bldg., etc.)	y) (Stete)					
	Hour a.m.  Yhile Not While pem, 19 et work et work							
-1	21. I certify that (I) (this hospital) attended the deceased from	11/3/66 10 to 11/9/66 10	. that (I) (wa) last					
	saw the deceased alive on 11/9/66 19, and that							
-1	22e. SIGNATURE		22b, DATE					
	arque R. manyann		/11/66 SIGNED					
	22c. PHYSICIAN'S	22d. ADDRESS						
	NAME (Type) Alfred R. Maryanov, M. D.	610 Race St., Cambridge, Max	ryland 21613					
1	230. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY							
01	Binoval (pecify) Apr. 17. 1966 Dorchester	Memorial Park Cambridge, M	Id.					
	- day and - A - A - A - A - A - A - A - A - A -	DECID BY DECISTAR DECISTRADIC SIL						
P	Secretary Signature Cambridge,	Md - 236. REC D ST REGISTRAK 236. REGISTRAK 3 SI						
d	reweight Thought	Ma. OAPR 13 1966 Illiantes	Judge					

VR A15 (4) 15M 7-62

the state of the state of the o) bedan Late the off hand from which be dean 19691 77 1966 SOBE IS WELD William Company .E. . d. Toughlote (ife! I.S. beauties C. Marie .h .wetti , Batte . decet THE TANK TO A STANK THE WAR 14.0 magning beam and and the the Marrow att . . In the . b.f . a directed Stew Lafters Contacted Add . if . mg Server of the contract of the server of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH tem d information from binth HEALTH/DEP 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH A. COUNTY o. STATE b. COUNTY Dorchester MARYLAND Derchaster b CITY OR TOWN III out C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town Vienna d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street address) d. STREET ADDRESS e IS RESIDEN ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Month Kilm DECEASED Conaway DEATH (Type at print) 5. SEX COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE the years IF UNDER TYEAR IF UNDER 24 HRS May . Months Hours WIDOWED [7] DIVORCED I'T 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. None 13. FATHER'S NAME 14. MQTHER'S MAJDEN NAME James Jones Lois Conaway 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Vienna, Md. 17 INEORMANT Lois Conaway INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute respiratory infection. **DUE TO** 2 days Conditions, if ony, which gave rise to immediate couse **DUF TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port ) or Port II of item 18 ) Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY (County) (Stote) foctory, street, office bidg., etc.) While Not while 6. m. ot work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection F. Inquiry [ ] opinion death resulted from. Natural causes [7], Accident [7], Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER M.D. DOMESTIC AND STREET ASSISTANT MEDICAL EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type Shaufd 220 BURIAL CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Reids Grove. Md Reids Grove Md.
REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24n, REC'D BY REGISTRAR Rhodesdale, Md. 5M 2757

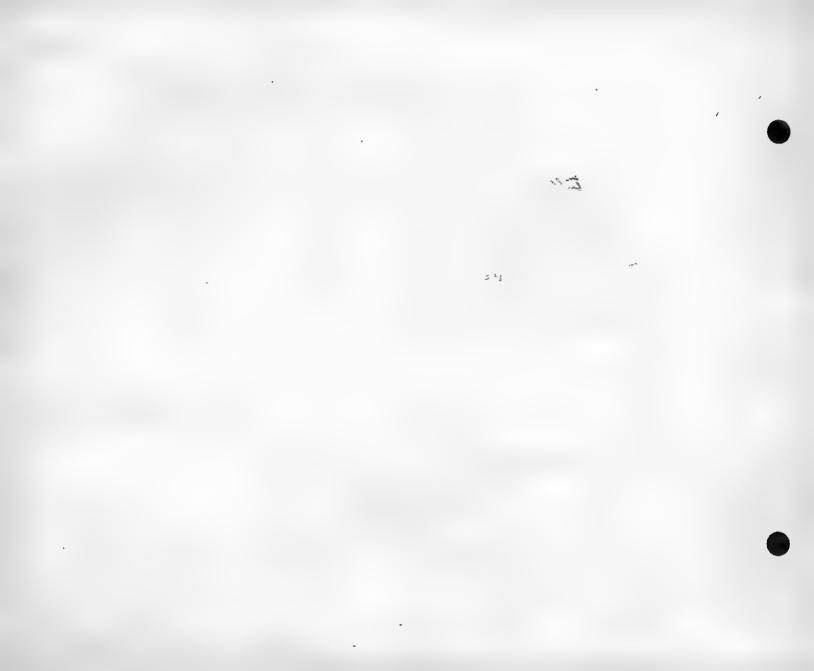
Page



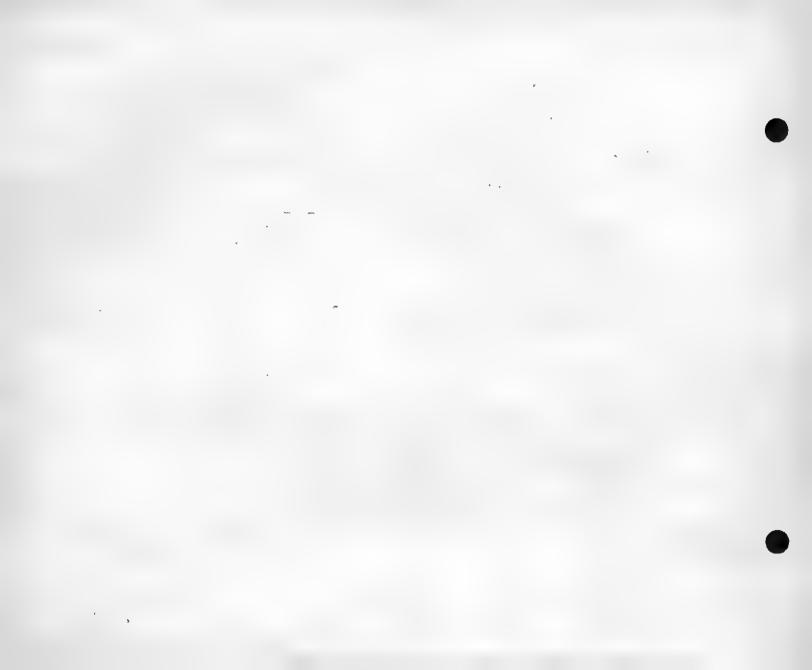
(M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TATE	05238 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15237)
ſ.   ·	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution Residence before edimission) 6. STATE Maryland b. COUNTY Derchester
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  Rural—Cambridge  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Rural—Cambridge
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Ragged Point, RFD No. 3  o. IS RESIDENCE ON A FARM? YES KONO
1	NAME OF DECEASED (Type or print)  JESSIE REED COOK DEATH April 11, 19 66
	5. SEX Female  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH Nov. 13, 1892  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.   Wildowed   DIVORCED   Nov. 13, 1892
	Os. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stete or foreign country)  Housewife  12. CITIZEN OF WHAT COUNTRY USA  USA
	3. FATHER'S NAME Howard Reed Grace Warfield
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Hyes, no, or unknown) (Hyesgivewerordelesofservice) Unknown Mr. Arthur Coek, RFD #3, Cambridge, Maryland
	18. CAUSE OF DEATH [Enter only one sause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: WMEDIATE CAUSE (e) Difuse Peritonitis  DUE TO  Conditions, if eny, which geve rise to Immediate couse [e], stelling the underlying couse lest.  [C]  INTERVAL BETWEEN ONSET AND DEATH
100000000000000000000000000000000000000	
2000	20c. TIME OF INUURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, letter) 4 Hour e.m. 20f. [City or town] (Stele) 4 Hour e.m. 19 et work at work at work 19
	21. I certify that I took charge of the remains described above, held an Autopsy K, Inspection I, Inquiry I, and in my opinion death resulted from Natural causes K. Accident I. Suicide I. Homicide I. Undetermined manner II.  CHIEF MEDICAL EXAMINER III.  ASSISTANT MEDICAL EXAMINER III.  DEPUTY MEDICAL EXAMINER III.  DEPUTY MEDICAL EXAMINER III.  Address (Street, city, town, or county) Cambridge. Md.
	20 BURIAL (REMATION   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, lown, or county)   22d. LO
	LeCompte Funeral Service, Cambridge, Maryland 246. Rec'd By Registrar 246. Registrar's signature LeCompte Funeral Service, Cambridge, Maryland 248. R 13 1966 gClumber Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05239 CERTIFICATE OF DEATH 115238 the funeral ages 1 and 2 rs after death requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH - COUNTY b. COUNTY o. STATE Impletely filled in by the fun ve carbon papers. Pages 1 event, within 72 haurs after Dorchester MARYLAND CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate fimits, write RURA, and give neorest/town IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR/INSTITUTION (If not in hospital, give street address filled ¥E2 NO TX arsoNS Middle NAME OF DATE Month Year DECEASED OF DEATH 19 66 Type or pnnt) 9. AGE (In veors IF UNDER I YEAR IF IINDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED rost pirthdoy) Months Hours DIVORCED burial, crematian, ar remaval, ond in any WIDOWED 0 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or Fareign country) COUNTRY? during most of working life, even if retired) please attending physician permit. Then please Sewing OPERO 14. MOTHER'S MAJDEN NAME 13. FATHER S NAME RAVERS 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unknown) (If yes give wor at dates of service) INKNOWN ZINKNOWN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) Ond (c).)
PART I. DEATH WAS CAUSED BY signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that Page 4 may be retained by the haspital ar attending physician. 21 DUE TO Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the should be filed with the State Dept, af Health priar to l DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. [ certify that (this haspital) oftended the deceased fram\_ 9 19 6 That (we) last 1966, and that death accurred at 4/2 SM, from causes and on the date stated above. saw the deceased alive on, 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. **ATTENDING** MED DIRECTOR u M.D PHYS. 22d. ADDRESS PHYSICIAN'S FUNERAL NAME (Type) 23d LOCATION (City or Town) (County) DAVE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) JURIA., CREMATION 9 REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 2Sb. FUNPRAL DIRECTOR



1	MARYLAND STAT  Division of STATISTICAL RESEARCH AND RECORD	'E DEPARTMENT OF HEALTH IS, 301 W. PRESTON STREET, BALTIMORE, M.	ARYLAND 21201
(M)	05240 CERTIFIC	CATE OF DEATH	05239
ir death funeral i and er death	PLACE OF DEATH O COUNTY		nstriution: Residence befare admission) . COUNTY Talbot
in 24 havrs after deat filled in by the funeral papers. Pages i and hin 72 havrs after dean	Dorchester  b CHY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Cambridge (rural)  MARYLA  c. LENGTH OF STAY IN	The CITY OR TOWN (If outside corporate limits, wri	ite RURAL and give nearest fown)
24 ho ed in appers.	d. NAME OF HOSP TAL OR INSTITUT ON (If nat in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
ed within jietely fill cabe	astern Shore State Hospital  NAME OF First Middle  DECEASED	210 Geldsborough St	Manth Day Year
e executed and complet remaye can n any event	6 COLOR OR RACE 7 MARRIED NEVER MARRIED	Dearborn DEATH April 8 DATE OF BIRTH 9 AGE in ye	
te be ex ian and iose rem snd in an	00 USUAL OCCUPATION (Give kind of work done luring most of working life, eyen of retired)  100 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Sounty & State, or fareign country	
ertifica physic hen ple naval, c	3. FATHER'S NAME Peter Riker	14. MOTHER'S MAIDEN NAME Sarah Riker	
death ( tending mit. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT Records of the Eastern Sh	Address nore Sta te Hospital
at the	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Pneury	nonia	INTERVAL BETWEEN ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayerable propers. Pages 1 and 3 should be filled with the State Dept. at Health prior to burial, cremation, ar remayal, and in any event, whim 72 haurs after dearth	Conditions, if ony, which gave isse to immediate cause (a), stating the underlying cause		2 years
e law tendin as bee as th priar t	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY
AN: The cate his cate his ar use dealth	20a ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING [3] CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  20d. INJURY OCCURRED While Not While	URRED (Enter nature of injury in Part I or Part II of item 1	PERFORMED? YES NO []
IYSICI, naspite certifi ched f	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2	20e PLACE OF INJURY (Home, form,   20f. (City or to	
NG Pt y the   er this e deta ate De	p.m. 17 at work 🗀 of work	factory, street, office bidg., etc.)	
OR ATTENDING PHYSICIAN: The law be retained by the haspital ar attendir JIRECTOR: After this certificate has bee e 3 should be detached far use as the ed with the State Dept. af Health priart		rom June 25 , 1957, ta Abril and that death accurred of 92 p.M., from co	uses ond on the date stated above
OR A) be rete DIRECT 38 3 sh led with	220. SIGNATURE Carbo F Barro	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
SPITAL 4 may 60, pag d be fil	22c. PHYSICIAN'S CARLUS F. BARROSO	ESS. Hosp. Comboidge	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to		Spring Hill XXXXXXXXX	Md. Easton
VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR  ADDRESS  Maurice Thurant Son Early	25a. REC'D BY REGISTRAR DAPR 1 1 1966	St. REGISTRAR'S SIGNATURE ACCEPTED Judges

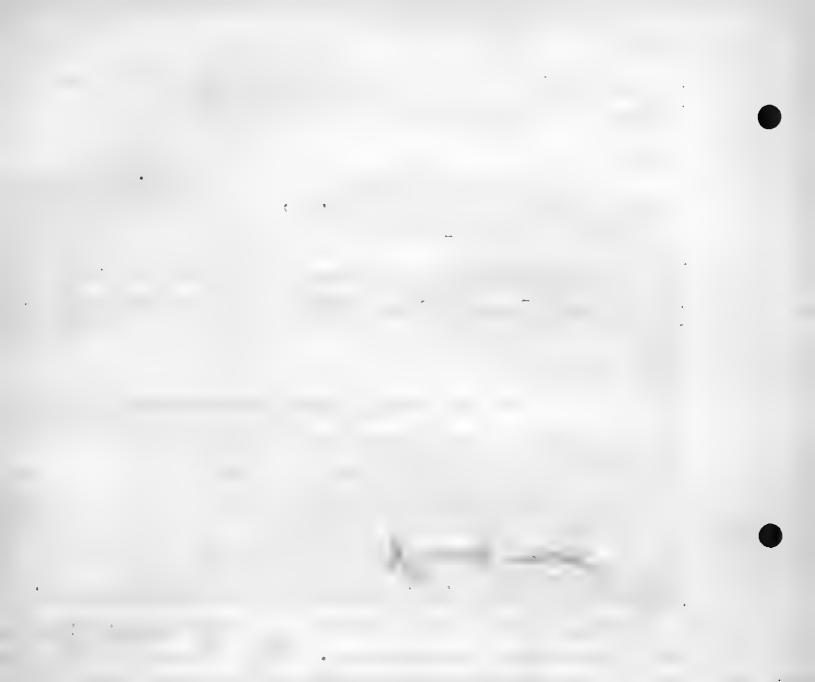


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1 b. COUNTY Maryland Dorchester Maryland Dorchester
c. city or fown (if outside corporate limits, write RURAL and give nearest town) MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours Cambridge Cambri de a d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Cambridge-Maryland NO TO YES within NAME DF Middie Month Day Year 4. DATE DECEASED (Type or print) DEATH 19 66 ollev Dembinsky April 21 1966
AGE (m years IFUNDER I YEAR IFUNDER 24 HRS
last birthday) Months Days Hours I Min. Naomi SEX 6. COLOR OR RACE 8. DATE OF BIRTA 7. MARRIEO A NEVER MARRIED Months Days Hours F Whi te WIOOWED [ DIVORCED [ 6 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewille 12. CITIZEN OF WHAT COUNTRY? the attending physician it permit. Then please ration, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) PHYSICIAN: The law requires that the death certificate be U.S Honga. Md. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Samuel H. Tolley Cora Ruark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 201 Belvedere cremation, Henry C Dembinsky 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND GEATH been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to Immediate **OUE TO** cause (a), stating as th underlying cause last. (0) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? for use Health I certificate YES NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached fi te Dept. of i S MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (County) (State) 20f. (City or town) be de State I factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work 19 DIRECTOR: Af age 3 should I iled with the S that (I) (we) last I certify that (i) (this hospital) attended the deceased from 1946 M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at-22a. SIGNATURE 22b. OATE SIGNED page MED. STAFF M.D. PHYS. DIRECTOR PHYS. may TO HOSPITAL TO FUNERAL PHYSICIAN'S 22d. AOORESS director, p NAME (Type) BURIAL CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 26 Dorchester Mem Park Cambridge Md. Buria 24. FUNERAL DIRECTOR AODRESS 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Cambridge Md. VR A15 20M 1/65



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MAR	YLAND		
	05242 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	n	5941		
1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution as COUNTY	nı Residenc	e before admission		
	a. STATE b. COUNTY		ster		
	b. CITY OR TOWN (il outside corporate limits, write RURAL and give neerest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL)	and give n	eerest lown)		
	East New Market Life East New Market				
	d. NAME OF HOSPITAL OR INSTITUTION (il not in hospitel, give street eddress)  d. STREET ADDRESS		. IS RESIDENCE		
			ON A FARM?		
ā.	NAME OF First Middle Last 4. DATE Month	Day	Year		
	(Type or print) Herbert Wendell Demby OF DEATH Apr.	3	1966		
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   19. AGE IN YEAR IT UND		IF UNDER 24 HRS.		
٨	Male Negro WIDOWED DIVORCED Mar. 27, 1925 His birthdey) Months	Days	Hours Min.		
10		CITIZEN OI	WHAT COUNTRY		
-	Laborer Maryland	USA	A		
13.	FATHER'S NAME 14, MOTHER'S MAIDEN NAME				
	James Demby Sarah Francis Far	rare			
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address (as, no, or unknown)   (Illyes give war or detea of service)				
	No 218-16-6026 Gamell Farrare East New 1	Marke	et.Md.		
	18. CAUSE OF DEATH [Enter only one cause per line for (e). (b), end (c).]	LINTE	RVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Congestive heart failure		istant		
DUE TO					
	Conditions, if any, which (b)				
geve rise to immediate cause (a), stating the underlying  DUE TO					
	cause last. (c)				
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	ART 1(a)   15	WAS AUTOPSY		
CERTIFICATION		Υ	PERFORMED?		
RTIF	20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of Itam 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (C	County)	(Stete)		
MEE	p.m. 19 al work at white				
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .	and	in my opinion		
	death resulted from: Natural causes K. Accident . Suicide . Homicide . Undetermined manner				
	CHIEF MEDICAL EXAMINER				
	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER	Di	ATE SIGNED		
	DEPUTY MEDICAL EXAMINER X	56			
	NAME (Type) John Mace, Jr. M.D. Address (Street, city, town, or county) Cambri	ldge,	Md.		
22	IB. BURIAL, GREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, sown, or coun	ity)	(State)		
	Promised 1:10166 To the No. of the last of	. Mi			
23	3. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 1 24b. REGISTRAR 24b. ADDRESS	SIGNATU	RE		
	Juliuck ( Slaie Cambridge, Md. APR 11 1966 Julius	1) July	7		
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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
	05243 CERTIFICATE OF DEATH	05242
after death he funeral gas i and after deat	1 PLACE OF DEATH  o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE of COUNTY o	e before admission
4 haurs after I in by the frees. Pages 72 hours after	b CITY OR TOWN (If outside corporate limits, write RURAL and give partie RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
2 8 5 6	d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital give street address)  d. STREET ADDRESS  Church	ON A FARM?
With the second	3 NAME OF DECEASED (Type or pont) Ella Sac Evans DEATH AND I	Doy Year 66
camb nove ty	S SEX  6. COLOR OR, RACE  7 MARRIED  NEVER MARRIED  8 DATE OF BIRTH  9. AGE (Inf./feors   Inj./feors   Inj./f	YEAR IF UNDER 24 HRS. Doys Hours Min.
ute be ( cian an ease re and in o	100 USUAL OCCUPATION (Give kind of work done during most of yyorking life, even if retired)  10b. KIND OF BUSINESS OR 11 BIRTHPLACE (county & Stote, or foreign country)  11 BIRTHPLACE (county & Stote, or foreign country)  12. CITI COU	IZEN OF WHAT
e death certificate be ex attending physician and permit. Then please rem an, ar remaval, and in an	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME, Sarah Hastings	
te death attendin permit. ian, ar rei	Morrows - Hesp Isabel.	on)407 la St.
s that the cian. d by the c l-transit p	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 1 7 % constant of the least of the leas	INTERVAL BETWEEN ONSET AND DEATH
equires th physician signed by burial-tra burial, cre	Conditions, if ony, which gove is to immediate couse (o).	
law rec inding p been s is the b	stoting the underlying couse (c)	10 MAC ALIFORCY
IAN: The law rail of an attending ficate has been for use as the Health priar ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY RERFORMED? YES NO
G PHYSICIAN the haspital of this certifical detached for ite Dept. af He	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  201 OR CONTRIBUTING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  202 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  203 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  204 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  205 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  207 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  208 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  209 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  202 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  203 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  204 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  205 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  207 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  208 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  209 ACCIDENT WAS UNDERLYING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 ACCIDENT WAS UNDERLYING 200 CAUSE OF	nty) (Stote)
IDING PHYSIC 1 by the haspi After this cert 1 be defached 5 State Dept. al	p.m. " of work — of work —	
OR ATTENDING PHYSICIAN: The law rebe retained by the haspital ar attending DIRECTOR: After this certificate has been a 3 shauld be detached for use as the ed with the State Dept. at Health priar ta	saw the deceased alive an figure 1966, and that death accurred atM, from causes and an th	that (I) (we) last ne date stated above NTE SIGNED
	Thebys M.D. ATENDING MED. STAFF  22C PHYSICIAN'S  22d ADDRESS  22d ADDRESS	-5-46
O HOSPITAL Page 4 may O FUNERAL E director, pag shauld be fill	NAME (Type) FELIPE M. PEMINOUS ISSH Cambridge, Mar 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	ryland (County) (State)
TO Fu	REBUTTED April 7/1966 Parsons Cemetery Salisbury, Mary 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL DIRECTOR 25b. REGISTRAR'S SIGNAL	yland
VR A15 (4) 20 M 1/66 1	HOLLOWAY & COMPANY SALISBURY, MARYLAND DATAPR 1 1 1960 OCCUPANT	

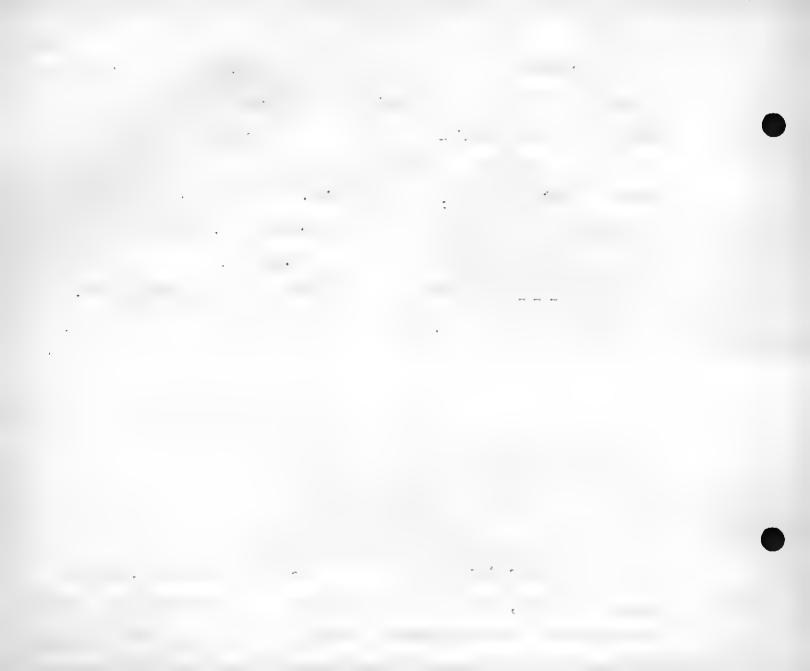
MARYLAND STATE DEPARTMENT OF HEALTH



(1M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
STATE	05244 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05243
DEPT. of Department of Operation of Operatio	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission e. COUNTY
To	Derchester  b. CITY OR TOWN (I outside corporate limits, c. CITY OR TOWN (I outside corporate limits, c. CITY OR TOWN (I outside corporate limits, write RURAL and give regreat town)
death.	Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address  d. STREET ADDRESS  d. STREET ADDRESS  , e. IS RESIDENCE
affor affor	Cambridge Maryland Hospital, Inc. 626 Washington Street YES No No. NAME OF First Models Last A. DATE Month Day Year
sunday 7 Hones	(Type or print) Joseph L. Feddeman PEATH April 23 1966
	S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  Negro widowed Divorced Feb. 8. 1913   9. AGE (in yeers if UNDER 1 YEAR IF UNDER 24 HRS. last birthday)   Months Days Hours Min.
	Co. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Laborer  Virginia  USA
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	James Feddeman  5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Hypergive were orderesofservice) Yes, WW II  213-22-8858 Villing Brown Atlantic, Virginia
should be used as a burial-transif permit. to burial, cremation, or removal, and it	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  Conditions, if any, which gever rise to immediate cause (e), stating the underlying cause lest.  (c)
CERTIFICATION	
CERTIFICATION	
gent, prio	
nafed a	21. I certify that I took charge of the remains described above, held an Autopsy Inspection I, Inquiry I, and in my opinion death resulted from: Natural causes I. Accident I. Suicide I. Homicide I. Undetermined manner
its designated agent, prior	ACTURE ACTURE CHIEF MEDICAL EXAMINER DATE SIGNED  ACTURE  M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
5	EXAMINER'S PELU, RIRELLEND E-NZES PK DEPUTY MEDICAL EXAMINER (1990) V.18-61
Health 22	2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stele)
E 2	23. FUNERAL DIRECTOR 246. REGISTRAR'S SIGNATURE
/	Wellet I 1 1 Cambridge, Md. DATE A 1866 Garden Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. Z. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Dorchester Dorchester Maryland and completely filled in by the i emove carbon papers. Pages 1 any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) Taylors Island 1 Month Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital None YES NO NO be executed within 3. NAME DE Middle Last 4. DATE Month Day DECEASED **GEOGHEGAN** DF DEATH NETTIE PHTLL IPS April 66 (Type or print) 19 ACE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 187 5. SEX 6. COLOR OR RACE 9. 7. MARRIED NEVER MARRIED White Female and WIDOWED TO DIVORCED [ 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) **LNDUSTRY** Derchester Co., Maryland USA Housewife Home PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then removal Samuel Phillips Jane Aaron 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address transit permit. cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) **IInknown** Mrs Irving Horseman. Taylors Island. Md. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) nu attending physician. ar been signed the burial-tranor to burial, cre 201 DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as th prior t underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORMED? certificate YES [ NO T 20a. ACCIDENT WAS LINDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work After at work DIRECTOR: Af age 3 should I lied with the S 19 . that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2 7.M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SICNED 22a. SIGNATURE ATTENDING page DIRECTOR director, page should be fill HOSPITAL ADDRESS Lawrence Maryanov, MD Race Street, Cambridge, Maryland 23d. LOCATION (City, town or county) (State Taylors Island, Maryland 23c. NAME OF CEMETERY OR CREMATORY Bethleham Cemetery BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) Apr 6, 1966 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland 1966 VR A15 (4) 20M



MARYLAND STATE DEPARTMENT OF HEALTH FDIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY filled in by the fu papers. Pages 1 i hin 72 hours after p Dorchester MARYLAND Derchester CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Life Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 remove carbon pay any event, within Cambridge Maryland Hespital RED YES X ND executed within completely NAME OF 4. DATE Month Year Last Day DECEASED DF Theodore 1966 (Type or print) Hackett DEATH Frank April 29 AGE (in years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. 1882 Sept-21 Male WIDOWED TY DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT a during most of working life, even if retired) INDUSTRY COUNTRY? ease hystell Farmer Dorchester Co. USA Farming Md. death certificate. ᅙ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy ermit. Then p m, or removal, Delilah Samue Hackett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ned by the attend altransit permit. al, cramation, or m 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service Priscilla Hayward. Cambridge. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia by the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-trained to burial-trained to burial, cri DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hather than the second to the second the se PERFORMED? Arteriosclerotic Heart Disease NO 🗺 this certified for detached for the contract of F 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Not While factory, street, office bldg., etc.) Hour a.m. After at work at work p.m. retained 19 66 should ith the April 21. I certify that (I) (this hospital) attended the deceased from... DIRECTOR: Jage 3 should lied with the 66, and that death occurred at. saw the deceased alive on 1An M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ğ ATTENDING 4-29-66 page STAFF DIRECTOR PHYS. M.D. PHYS. 22d, ADDRESS FUNERAL PHYSICIAN'S NAME (Type) director, Pine Cambridge. Md. S Fassett, M. D should BURIAL, CREMATION, 23b. BURIAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. 2 Derchester County
PY REGISTRAR | 25b. REGISTRAR'S SIGNAFUR 966 Airev Cemetery FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR Cambridge, Md. VR A15 (4) 2DM 1/65



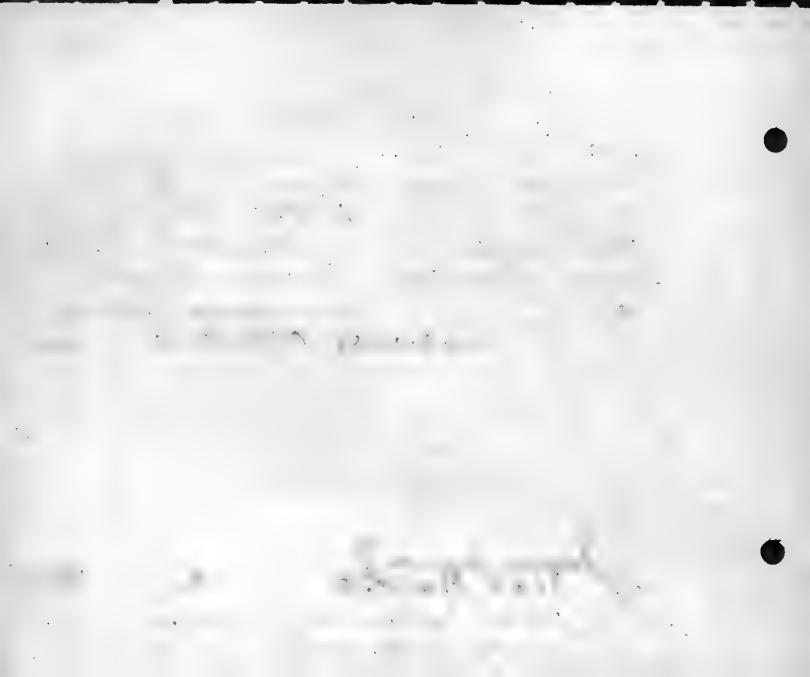
	1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
-ei	- 20 H	05247 CERTIFICATE OF DEATH 05246
24 hours after death.	e funeral 1 and 2 er death.	1. PLACE OF DEATH a. COUNTY Dorchester  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE Maryland b. COUNTY Dorchester
ırs aftı	in by the s. Pages 1 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge  c. LENGTH OF STAY IN 1b  Madison  Madison
24 hor	filled paper in 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Cambridge Maryland Hospital  On A FARM?  YES NOE
within	etely bon with	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) ANNIE DIXON HALL DEATH April 7, 19 66
baytoax	emove car any event,	5. SEX Female  6. COLOR OR RACE White  7. MARRIED NEVER MARRIED Sept. 27, 1885  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HR last birthday) Nonths Days Hours Min
1		102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR line of working life, even if retired)  10c. KIND OF BUSINESS OR line of working life, even if retired)  10c. KIND OF BUSINESS OR line of working life, even if retired)  10c. KIND OF BUSINESS OR line of working life, even if retired)  10c. KIND OF BUSINESS OR line of working life, even if retired)  10c. KIND OF BUSINESS OR line of working life, even if retired)  10c. KIND OF BUSINESS OR line of working life, even if retired)  10c. KIND OF BUSINESS OR line of working life, even if retired)  10c. KIND OF BUSINESS OR line of working life, even if retired)  10c. KIND OF BUSINESS OR line of working life, even if retired)
rtificate	nding physician. Then please removal, and in	13. FATHER'S NAME  George Dixon  14. MOTHER'S MAIDEN NAME  Mary Dixon
eath ce	attendin ermit. Th m, or rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Unknown No Unknown Mrs Donald Wingate, Madison, Maryland
t the d	ian. d by the at ransit pern cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Arterias Clevite before  2 days
requires that the death certificate be	the hospital or attending physician. this certificate has been signed b detached for use as the burial-tran e Dept. of Health prior to burial, cre	Conditions, If any, which gave rise to immediate (b) Coronary Insufficiency 20 2 yrs.
aw red	ttending has beer as the prior to	cause (a), stating the DUE TO underlying cause last. (c) Cardio ruscula Deumpers atim 2 yr.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
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YHY SY		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While Not While at work 19 at work
Ŝ	er se er	21. I certify that (I) (this hospital) attended the deceased from 5/19/66, 19, to 9/1/6, 19, that (I) (we) la
DR ATT	y be retained by DIRECTOR: After age 3 should be	saw the deceased alive on 19 6, and that death occurred at 2 MM, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type) L3 W (24 CA Mary 240) (0/0) Race St Cambridge Md
TO HOSPITAL	Page 4 ma TO FUNERAL director, p should be f	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL Specify Apr 10, 1966 Charles Greer Cemetery Lakesville, Dor. Co., Md.
	R A15 (4)	24. FUNERAL DIRECTOR  ADDRESS LeCompte Funeral Service, Cambridge, Maryland  DAPR 1 1 1966  Climber Judge.
2	0M 1/65 \	

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F E E			Hospital	<u> </u>		YES ND
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ansi and	Ш	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Thro	ombosis		ONSET AND DEATH
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Signaturi Suri		Cenditions, if any, which } (b)				
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e ho his c tach Jept			INJURY OCCURRED 120e. PLA	CE DF INJURY (Home, fa	rm.   20f. (City or town)	(County) (State)
ter the tate of th	AEDIC	Hour a.m. While	n - Not While - factor	ry, street, office bldg., el	tc.)	
ed & Affi	-		ded the deceased from	April 23 19	66 to April 261	9_66 that (I) (we) last
TOR TOR Shou		saw the deceased alive on April		death occurred at	M, from the causes and o	on the date stated above.
A ¥ij		22a. SIGNATURE		ATTENDING		DATE SIGNED
ay b		220 PHYSICIANUS	M.D	i. PHYS.	DIRECTOR PHYS.	20-00
ERA Or, l		Master (Trong)	ssett. M.D.		e St., Cambrid	ge. Md.
Per rect outcome	238				23d., LDCATION (City, town or	
- E - #		REMOVAL (Specify) 5-1-66	HARMONY	Cam.	MILLSBOR	O, DEZA.
	24	FUNERAL DIRECTOR	ADDRESS	25a. REC		RAR'S SIGNATURE
R A 5 (4)	(	1. Houges Melson;	Montesord,	Del. DAMAY	5 1966 Jalian	eles Judge.
	Page 4 may be retained by the hospital of attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please temevex carbon papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and transproperty within 72 is a should be filed with the State Dept.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please-remeve-carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the gry event, within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and the gry event, within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and the gry event, within 72 hours after the state Dept. of Health prior to burial, cremation, or removal, and the gry event, within 72 hours after the state Dept.	DIVISION OF STATISTICAL RESIDENT OF THE PROPERTY OF THE PROPER	CERTIFICAT  1. PLACE DF DEATH 2. COUNTY 3. CAMBRIDGE 3. CAMBRIDGE 3. CAMBRIDGE 3. NAME OF CAMBRIDGE 4. CAMBRIDGE 5. SEX 5. COLOR OR RACE 7. MARRIED 8. SEX 8. COLOR OR RACE 8. COLOR OR RACE 8. MIDOWED 8. DID MONOCED 9. DIVORCED 9. DI	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO  CERTIFICATE OF DEATH  1. PLACE DE DIATH  2. USUAL RESIDENCY  BOYCH OS TOWN If QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN If QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN If QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN If QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN If QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN If QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN IF QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN IF QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN IF QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN IF QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN IF QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. CITY OR TOWN IF QUICIAGE corporate limits,  C. LENGTH OF STAY IN 1D  C. LENGTH OF	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1  CERTIFICATE OF DEATH  D. COUNTY BOTTOM OF BOTH  CONTY BOTTOM  TO BOTH  BOTTOM  TO BOTH  CONTY BOTTOM  CO



1 M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05249 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05248
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY DO TO
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and 3 to and 3 to a series of the State D. 2 hours at	3. NAME OF First Middle Lest   4. DATE   Month   Day Yeer
EV3 = 1	Type or print) William Edgar Harnson DEATH 7 3 1966
death. If a Pages 1, 2 ith form P md 2 with	5. SEX  6. COLOR OR, RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.    WIDOWED DIVORCED   3. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.    Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life even if retired) 12. Elitate of foreign country)
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within 2 pencil in miner's 0 permit. I	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
Exam Exam or r	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORINARY OCCLUSION ONSET AND DEATH
execting ding ical	Conditions, if eny, which \ Conditions
ld be executed "pending" in f Medical Exar burial-transit cremation, or	gave rise to immediate cause (e), stating the DUE TO
shoul rord Chief as a	underlying ceuse last. (c)
EXAMINER: This certificate should be executed the certificate, writing the word "pending" in should be forwarded to the Chief Medical Examfiles.  TOR: Page 3 should be used as a burial-transit lesignated agent, prior to burial, cremation, or resignated.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NOTE:  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSED. (Enter nature of Injury in Part I or Part II of Itam 18.) CAUSE OF DEATH.
CR: This certificate, writing forwarded to 3 should be agent, prior	
NER: Ti ficate, e form e 3 sh d agen	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (Stata)   (County)   (Stata)   (County)   (
Certify by S.	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion
Example Constitution of the Constitution of th	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
executed.  Page 4 s for your its de	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER [] 22. DATE SIGNED
DEPUTY ME EXAMINE please execution of Health or its designated of Health or its designated	EXAMINER'S JOHN MACE TO R. Address (Street, city, town, or county)
TO DEPUTY please et director. retained TO FUNERA	236. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) / (State) / REMOVAL (Specify) 4/8/6/6/5/5/100
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05250 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. funeral and . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Med in Dyages. Papers. Pages 72 hours after d MARYLAND C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, IS RESIDENCE ON A FARM? (If not in hospital, give street address) a mde YES NO 🗶 DATE Year NAME OF First Middle Dov OF DECEASED 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNOER 24 HRS 6. COLOR OPERACE 7. MARRIED NEVER MARRIED Φ birthday) Months Hours remai WIDOWED DIVORCED and in any gug 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) during most of working life, even it retired COUNTRY? **INDUSTRY** VUR: E FATHER S NAME burial, crematian, ar remaval, attending phys permit. Then p INFORMAN WAS DECEASED OF R IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown), (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter on y one couse per line for (a) (b), and (c)) NIERVAL BETWEEN signed by the c burial-transit p PART I, DEATH WAS CAUSED BY: eumoni IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), norme Cerebral arteriosciensis DUE TO stoting the underlying couse be aerached far use as the State Dept. af Health priar to has been last WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? MO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. While Not While 21. I certify that (1) (this haspital) attended the deceased from Apr 1966 to Abril 201966, and that death occurred at 5150M, from causes and on the date stated above O FUNERAL DIRECTOR: sow the deceased olive an\_Ahri 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** M.O. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S BARROSO NAME (Type) Cambridge, Maryland director, should b 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial Parsons Cemetery Salisbury, Maryland 1966 24. FUNERAL DIRECTOR SALISBURY MARY! LI OWAY COMPANY

1 -	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	APVI AND
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iate ple ple	13. FATHER'S NAME RETIRED IN MOTHER'S MAIDEN NAME	1,5,
CIAN: The law regulres that the death certifica ospital or attending physician. Certificate has been signed by the attending phen for use as the bural-transit permit. Then t. of Health prior to burlal, cremation, or removal	Edward White Rosa Wilson	
r ce it.	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
deatl e atl	No Serome Hayman. Princess Anne	
the sit sait mat	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
cian ed b trar	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
es ti hysi sign urial	Conditions, If any, which \ (b) Country (a) dolar field	
adulr ing p een to b	gave rise to immediate cause (a), stating the DUE TO	
The law requires that the or attending physician. Cate has been signed by the ruse as the bural-transit ealth prior to burlal, cremal	underlying cause last. ) (c) alm Gralifed arksin schlosofee woodwards	class
he la rrati te h use lith p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Tal callification Here	CARONIE DEGINE DEGINE DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  BY CARONIE DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  BY CARONIE DEGINE DEGINE DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	YES NO
SICIAN: The hospital or s certificate for unificate for un	20a. ACCIDENT WAS UNDERLYING   Port   OF Pert   OF Pert	
PHYSICIAN: the hospital this certifi detached fo		ty) (State)
ING PHYSICIAN: The law required by the hospital or attending after this certificate has been be detached for use as the State Dept, of Health prior to	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While at work at wor	
O HOSPITAL OR ATTENDING I Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	21. I certify that (this hospital) attended the deceased from 3-1-66, 19 to 4-7, 196	
A ATTENDI F retained RECTOR: A 3 should with the	saw the deceased alive on $4-7$ 1966, and that death occurred at 336 M, from the causes and on the 22a. SIGNATURE	e date stated above TE SIGNED
DIR Ged V	Askn Blan Clebson M. D. M.D. ATTENDING MED. STAFF NYS. X 4-	7-66
	220 PHYSICIAN'S NAME (Type) Land Place 11/6 better ECC 44	34 37 -
TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page should be filed	Confe Dillik Websiek 1233 H	(0)
TO HOS Page TO FUN direct should	Burial, cremation, 23b. Date thereof 23c. Name of CEMETERY OR CREMATORY 23d. LOCATION (City, town or countries) Burial (Specify) 4/II/66 John Wesley Princess Anne, N	
^ (	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
VR AI5 (4)	Little Can H the Attender anis DAPR 12 1966 foliante	, Judge
20M 1/65 \	Julia-	V



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE **b** COUNTY D. death. MARYLAND Dorchester Marvland delay b CITY OR TOWN ( f puts de corporate limits E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 2, о. Р. write RURAL and give nearest town) artmo after Cambridge(rural vears Princess Anne d NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street address) d STREET ADDRESS B IS RESIDENC Pe haurs ON A FARM? NO -YES T Give Pages o te Eastern Shore State Hospital alang with 3 NAME OF Middle Lost 4 DATE Month Dov 72 DECEASED OF 20 YEAR within ₽ (Type or print) DEATH Hickma n April Fmma IF UNDER 24 HR with 6 COLOR OR RACE S SEX IF UNDER 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH In years lost birthdoy) Months Hours Мη Dovs haurs WIDOWED DIVORCED Office White tem Remale. 10b KIND OF BUSINESS OR BIRTHPLACE (Stote or fore gn country) 12 CITIZEN OF WHAT IDa USUAL OCCUPATION (Give kind of work done during most of working te, even if retired) INDUSTRY COUNTRYS none Examiner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil within 0 E Mary Elizabeth Miller 불 Dykes and Benjamin IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address be executed (Yes, no, or unknown) (If yes give wor or dates of service remayal. Records of the Eastern Shore State Hospital 216-38-8883 no NTERVAL BETWEEN (AUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) ONSET AND DEATH al-transit PART I DEATH WAS CAUSED BY NEUMONIA or IMMEDIATE CAUSE (o) ward shauld crematian, DUE TO FRACTURE FEMUR Conditions, if ony, which gove bur. e, writing the v farwarded to the rise to immediate cause (a). DUE TO This certificate stoting the underlying couse SB barral, used 19 WAS AUTOPSY PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? YES NO the certificate. pe 0 200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Part I or Port II of Item 18) shauld agent, priar CAUSE OF DEATH INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) (State) 20c TIME OF INJURY Month Doy, Year foctory, street office bldg, etc.) Not While YOUR at work please execute designated 21. I certify that I tank charge of the remains described above, held an Autapsy Inspection Inquity may be retained for FUNERAL DIRECTOR: and in my opinian director death resulted fram Natural causes Accident Homicide Undetermined manner Suicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY -D DEPUTY MEDICAL EXAMINER **EXAMINER:** 5 may | O FUNE Address (Street, city town, or county) BURIAL, CREMATION, 23b DATE THEREOI NAME OF CEMETERY OR CREMATORY OCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR BY REGISTRAR **VR A15ME (5** 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death. and deat 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Dorchester Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 á hours Cambridge Cambridge 8 .5 papers. in 72 hr d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS DN A FARM? 24 Cambridge Maryland Hospital. Inc Douglas NO TX YES death certificate be executed within letely Middle DATE Month Year Last Day DECEASED DF T.illiam April 66 compl (Type or print) Henson Hollis DEATH 19 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. DATE OF BIRTH 9. e 6 NEVER MARRIED remov n any WIDOWED T DIVORCED 66, yrs. Female Negro 899 = 10a. USUAL OCCUPATION (Cive kind of work done) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician please i, and ir during most of working life, even if retired) INDUSTRY COUNTRY? Professional USA Beautician Somerse Co 13. FATHER'S NAME attending physemit, Then pro-MOTHER'S MAIDEN NAME Williams Henry Marv on signed by the attend burial-transit permit, burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) Na Carrie Johnson Cambridge. 76 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that till Page 4 may be retained by the hospital or attending physician. Cerebral Hemorrhage IMMEDIATE CAUSE (8) DUE TO Conditions, If any, which (b) been gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO F YES [ 20a, ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part | or Part | of Item 18.) After this certif be detached for State Dept. of b DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m at work at work 19 66 April THO 00 March 21. I certify that (!) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the 66, and that death occurred at saw the deceased alive on Apr M. from the causes and on the date stated above. 22b. DATE SICNED 22a. SIGNATURE MED. DIRECTOR page ATTENDING 4-14-66 PHYS. PHYS. FUNERAL PHYSICIAN'S ADDRESS director, p should be 1 NAME (Type) Pine Cambridge, Md. Edwin Fassett Street NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) Burial Cambridge Md.
REC'D BY REGISTRAR I 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Cambridge, VR A15 (4) Md. 20M

n 1

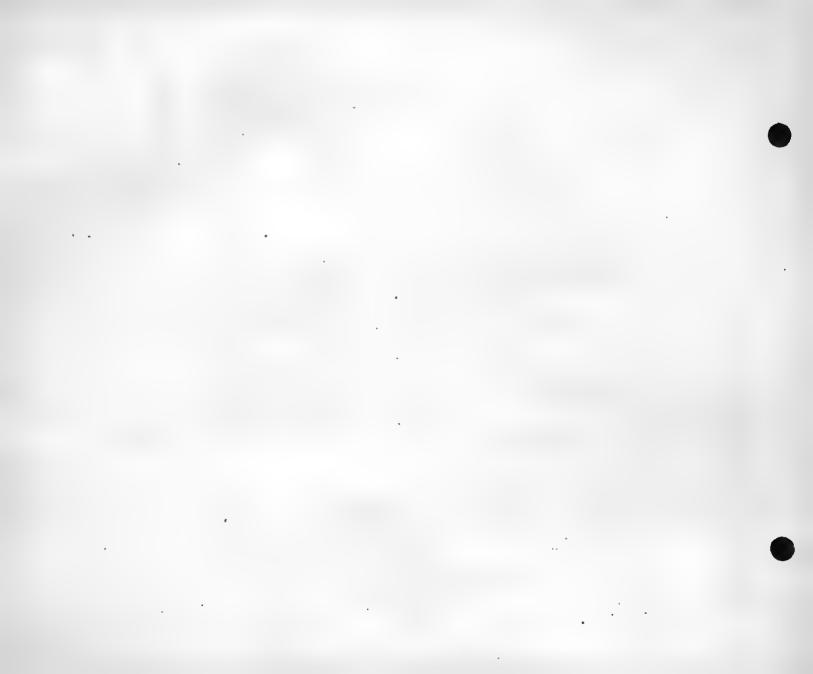
1	Division of STATISTICAL P	MARYLAND STATE DEPARTMENT OF HI ESEARCH AND RECORDS, 301 W. PRESTON STRE	
(M)	05254	CERTIFICATE OF DEATH	A FOR O
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hours after death n by the funeral s. Pages 1 and h haurs after death	O. COUNTY	o. STATE	there deceosed lived, if institution Residence before admission)  b. COUNTY
frer e fu ss l	b. CITY OR TOWN (If outside corporate limits,	MARYLAND // / / / / / / / / / / / / / / / / /	Ryla Na. Do Ra Tie stek  sign corporate limits, write RURAL and give nearest town)
rrs a y thi Page urs a	write RJRAL and give nearest town)	e 12 days Cambria	8
hou hour sr. rs.	d NAME OF HOSPITAL OR INSTITUTION (IF not up hospi		Della L. V. Saura ( 1.015) Le IS RESIDENCE
law requires that the death certificate be executed within 24 hours after death nding physician. been signed by the attending physician and completely filled in by the funeral sthe burial-transit permit. Then please remove calbon papers. Pages I and is to burial, cremation, ar remaval, and in any event, within 72 haurs after death	Eastern Shore Star	te Hospital Water	S.F. YES NO X
be executed within and completely file remove componer of the landary event, with	3 NAME OF First DECEASED	Middle Lost	4 DATE Month Doy Year
b det d	(Type or print)	Louise Hooper	OF DEATH CIPE! 25- 1966
ting (E. s.)	S. SEX 6 COLOR OR RACE 7 MARK		9. AGE (In yeors   IFUNDER I YEAR   IF UNDER 24 HRS   If UNDER 24
X D W B	100 US_AL OCCUPATION (Give kind of work done 10		
equires that the death certificate be executed physician. signed by the attending physician and comple burial-transit permit. Then please remove caburial, cremation, ar remaval, and in any event	during most of working life, every fretired)	INDUSTRY MALE	State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ertificate by physician ( nen please aval, and (	13 FATHER'S NAME	14 MOTHER'S MAIDEN N	
certi a ph hen nav	Thomas Jones	angel:	Nian Slacum.
ne death cei attending p permit. The	15 WAS DECEASED EVER IN S ARMED FORCES? (Yes, no., pr unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO 17. INFORMANT/17 ed	el RepordsAddress
affer on, a			Re State Hospital
equires that the physician. signed by the c burial-transit pi burial, crematio	18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	e for (a), (b), and (c).) Pneumonia	INTERVAL BETWEEN 30NSET AND DEATH
tran cren	IMMEDIATE CAUSE (a)  DUE TO	neo mone	3 Cup
ysici ysici med riol-	Conditions, if ony, which gove )	General debility	1 year
requestion of the property of	rise to immediate couse (a).  Stating the underlying couse (DUE TO	14/200 a t 2001 language	1 le near
The law ratending has been se as the h priar to	last. (c) 11	laliquant nephrosoler	
The atternation of the second of the process of the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	PERFORMED?
Toricote ur u	200 ACCIDENT WAS UNDERLYING  CONCONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF ENTRIES NATIVE MEDICAL FRAMINGS)	b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Port Lor Port II of stem 18.)
PHYSICIAN: e haspital ar nis cerificate itached far u Dept. af Heal		or occurred to the state of the	
PHY e his c e hot Depi		Od INJURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)	, 20f (City or town) (County) (State)
NG y the ter ter tate	p.m. '' oi	twork otwork	11 11 11 11
ed belle bel	21. I certify that (I) (this haspital) at	ttended the deceased fram <u>V917V</u> , 1	10 5 to 11 11 23 , 1965 that (1) (we) last
R ATTEN retained ECTOR: A 3 should with the	220. SIGNATURE		22b. DATE SIGNED
OR O	Chous & Bur		MED. STAFF 226. DATE SIGNED DIRECTOR PHYS. 4-25-66
T. C. Roll	22c. PHYSICIAN'S CAOLOS F. B	ARROSO ESS. Hosp	ital . Campridge parcheter Md.
O HOSPITA Page 4 may O FUNERAL director, pv should be	230 BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote) Cambridge, Maryland
5 Page 5	230 BURIAL, CREMATION, 23b DATE THEREOF 14/28/1966	Cambridge Cemetery	
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR		BY REGISTRAR 25b RECISTRAR'S SIGNATURE 29 1966 Fundamental Jungar
20 M 1/66	LECOMPTE HUNYXMLS	ERVICE CAMBRIDGE MAP	120 1004 /



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 7 Film 05255 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. funeral l and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission), o. COUNTY o. STATE 5. COUNTY MARYLAND hours after b CITY OR TOWN (If autside corporate limits LENGTH OF STAY IN 16 CITY OR JOWN (If potside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) filled in d STREET ADDRESS IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) ON A FARM? YES NO K NAME OF Middle 4. DATE Day Year etely DECEASED OF (Type or print) DEATH S SEX IF UNDER LYFAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 9. AGE emave Months Days Hours 12 CITIZEN OF WHAT COUNTRY\_2 physician ( edse during most of working rie, even if retired) 80 pup 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remavai, 17. INFORMANT IS WAS DECEASED EVER INU'S ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ozunknown) (If yes give wor or dotes of service) none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: NEUMUN,A IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave (b) rise ta immediate couse (o), DUE TO as the prior to stoting the underlying couse (c) 19. WAS AUTOPS?
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has with the State Dept. of Health NO YES 🔲 ğ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, affice bldg., etc.) at work at wark **DIRECTOR:** After 21. I certify that (I) (this hospital) attended the deceased from 1/on - 16 2, 1966, that (1) (we) last 10 19 6 ond that death occurred at 6 3 M, from couses and on the date stated above saw the deceased alive an Home Cy 22b. DATE SIGNED 4/9/66 22o. SIGNATURE **ATTENDING** MED. DIRECTOR director, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS ESS/+ 22c. PHYSICIAN'S FUNERAL ELIPE NAME (Type) F 23d. LOCATION (City or Town) Chestertown, 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF 230. BURIAL, CREMATION, (State) Bull La (Specify) 1966 Chester Cem. April 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Chestertown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY I COM I CO a. COUNTY Pages 1 urs after UD RCHESTER MARYLAND MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours É 1 YR. 3 MO. CAMBRIDGE SALISBURY .⊑ etely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? EASTERN SHORE STATEHOSPITAL MERRITT MILL ROAD YES NO X within etely pou 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED rand completemove carb APRIL 26 19 66 IREME HOTTON (Type or print) DEATH death certificate be executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED FEMALE WHI TE 9/11/11 54 WIDOWED DIVORCED [ attending physician a ermit. Then please re 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Ξ COUNTRY? during most of working life, even if retired) INDUSTRY Mo. U.S. HOU SEWIF E 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HELEN BARR LAWS SAMUEL HARRELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) 222-01-9273 HOSPITAL RECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. COVE IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate 寺中 DUE TO cause (a), stating the prior . underlying cause last, (c) has 83 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health I PERFORMED? certificate YES X NO T wing on our the hospital PHYSICIAN: this cerum detached fo 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work p.m. retained 65. 4/26 P 1966\_, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 3 should with the P.M. from the causes and on the date stated above. 66 , and that death occurred at  $oldsymbol{1}$ saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE 200 4/26/66 ge ATTENDING. BKKO KA DIRECTOR PHYS PHYS. Da O HOSPITAL 22d. ADDRESS PHYSICIAN'S FUNERAL director, p NAME (Type) S.S.S. HOSPITAL, CAMBRIDGE, MD. 23d. LOCATION (City, town or county) EURIAL, CREMATION, REMOVAL (SOPCHY) DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY (State) 23b 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 24. 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05257 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a COUNTY a. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, wents RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If authide carparate limits, write RURAL and give nearest town) bon popers. Page within 72 hours o two months Imbrid ambridge d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREE **ADDRESS** filled ROGO Doundani NO YES 4. DATE corbon 3 NAME OF First Day Year and completely DECEASED (Type or print) 0F 1966 DEATH buriof, cremation, or removal, and in any event 9. AGE (In years IF LINDER 1 YEAR SEX 6. COLOR OR RACE MARRIED 8. DATE OF BIRTH NEVER MARRIED remove lost birthdoy) Months Days Haurs WIDOWED 🔀 DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 100 JSJAL OCCUPATION (Give kind of work done COUNTRY during most of working life, even if retired) INDUSTRY physician HOUSEWOVK 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 218-16-6454 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY: mfarction muo cardial IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO arternscleratic heart disease Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause director, page 3 shauld be detached for use as the should be filed with the State IIIpt. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg., etc.) Not While at wark 21. I certify that (!) (this haspital) attended the deceased fram 3-23. , 1966, ta 4- LO, 1966, that (1) (we) las saw the deceased alive an 4-20 1966, and that death accurred at 5.15AM, fram causes and an the date stated above FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE. **ATTENDING** MED. DIRECTOR STAFF PHYS. 4-20-66 F. Barros M.D. PHYS. 22d, ADDRESS 22c. PHYSICIAN'S CARLOS F. BARRUSO ESSH. Cambridge Md NAME (Type) Dorches Ter 230 BURIAL, (REMATION, B REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)
CAMBRIDGE, MARYLAND (State) DORCHESTER MEMORIAL PARK 2So. REC'D BY REGISTRAR CAMBRIDGE, MARYLAND 24. EUNERAL DIRECTOR LECOMPTE FUNERAL SERVICE, VR A15 (4) 20 M 1/66 1966



	DIVISION OF STA	MAR FISTICAL RESE	YLAND STATE D	DS, 301 W. PREST	ON STREET,	BALTIMOR	E 1, MARYLA	ND
	00400		CERTIFICA	TE OF DEAT	H		052	57
_	PLACE OF GEATH a. COUNTY			2. USUAL RESIDE	ICE (Where decea			fore admission)
Н	PORCHEST	ER	MARYLAND	a. STATE M	ARYLAND	b. COUNTY	TALBOT	
Ī	<ul> <li>CITY OR TOWN (if outside write RURAL and give near</li> </ul>	corporate limits,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (	lf outside corpo	rate limits, write	RURAL end give	nearest town)
	RAL CAMBRIDGE		3 WEEKS	ST. MICHA	ELS		-	4
ı	d. NAME OF HOSPITAL OR INS			s) d. STREET ADDRES	S		0.	S RESIDENCE ON A FARM?
	STERN SHORE STA	TE HOSPIT	A L				YES	
ľ	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
_	(Type or print) C/	ARROLL	EDWARD J	ACKSON	DEATH	APRIL 1		19 66
	SEX 6. COLOR OF	** Workers	NEVER MARRIED	8. DATE OF BIRTH	9. /	GE (In years LF ast birthday) M	UNDER 1 YEAR IF	UNDER 24 HRS.
-	MALE NEGRO	1 MIDOMED		12/27/80		85 yrs.		
1	USUAL OCCUPATION (Give kind ng most of working life, even	f retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (	County & State, or	foreign country)	12. CITIZEN OF COUNTRY?	WHAT
-	WATERMAN FATHER'S NAME		Seafood	Mo	e e e e e e e e e e e e e e e e e e e		U.S.	
Ł		Lanvan		14. MOTHER'S MA				
_	WIS WASHINGTON WAS DECEASED EVER IN U.S. AF	JACKSON	POOLS PEOLINIANS	ELMERE S	MPSON	Adda		
l	, no, or unkown)   (If yes give war:	or dates of service)	. SOCIAL SECURITY NO. 1	7. INFORMANT		Address		
ŀ	МО		-	HOSPI TALRECO	RDS			
П	18. CAUSE OF DEATH [Enter PART I. DEATH WAS CAU		line for (a), (b), and (c).]				ONSET	AL BETWEEN AND DEATH
П	IMMEDIATE	CAUSE (a) UR	EMIA					A Y5
ı	Conditions If any which I	DUE TO						
l	Conditions, if eny, which gave rise to immediate		RONIC GLOMERU	LONEPHRITIS			2 Y	R.S.
1	cause (a), stating the underlying cause last.	DUE TO						
ŀ	PART II. OTHER SIGNIFICANT C	(c) Onditions contrib	UTING TO DEATH BUT NOT R	LATED TO THE TERMINAL	DISFASE CONDI	TION GIVEN IN PA	RT1(a)   19. W	AS AUTOPSY ERFORMED?
l		<del></del>					YES	ERFORMED?
	20a, ACCIDENT WAS UNDERLY	/ING   20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter nature	of Injury in Pert	I or Part II of I		
	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	EXAMINER)						
1	20c. TIME OF INJURY Mont	h, Day, Year   20d.	INJURY OCCURRED   20e. I	LACE OF INJURY (Home, ctory, street, office bldg.,	farm, 20f. (CI	ty or town)	(County)	(State)
	Hour e.m.	19 While	THE PROPERTY OF THE PROPERTY O	ctory, street, office bldg.,	etc.)			
ľ	21. I certify that (I) (th			2/8	1966 to	4/1	, 19_66, that	(I) (we) last
-	saw the deceased alive	11 a 2 a		hat death occurred at		the causes an	d on the date s	tated above.
1	22a. SIGNATURE	T 0 1.	die c			13	22b. DATE SIGN	
	Cares	4 10 CM	UD U	A.D. PHYS.	MED.	STAFF PHYS.	4/1/66	
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS			- 1/	
1	6	ARLOS F. B	ARROSO	E.S.S.Ho		CAMBRIDE		
	BUNIAL CREMATION 235, BEMOVAL (Specify)	LAS 1966	23c NAME OF CEMET	Memoria	23d. 10c/	Mich City, town	Greek	(State)
1	FUNERAL DIRECTOR	2//	ADDRESS IN		EC'D BY REGISTI	RAR 25b. REG	ISTRAR'S SIGNAT	URE
1	1. Hamblelor	Harri	en wille	cheed DATE	K 7 19	66 fcc	carles Ju	sgk.
			/	red \			-	<b>Y</b>



7 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 MARYLAND
- 00	05304 CERTIFICATE OF DEATH	05304
	1. PLACE OF DEATH e. COUNTY  Frederick  MARYLAND  2. USUAL RESIDENCE (Where decessed lived, If Institute of County o	Loudoun
er death	b. CITY OR TOWN (if outside corporate limits, write RU  write RURAL and give neerest town)  Frederick  c. CITY OR TOWN (if outside corporate limits, write RU  RUPAL — LOVettsv	RAL and give nearest town)
ours af	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address)  D. O. A Frederick Memorial Hospital	II. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF first M ddle Last 4. DATE Month OF (Type or pr nt) Earl George Fry DEATH April	Dey Yeer 28 1966 _
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers lest birthdey) Male   White   Widowed   Divorced   April 4. 1893 73 yrs.	
	100. USUAL OCCUPATION (G ve kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. SERTHPLACE (County & Stete, or loreign country) done during most of working life, even if retized)  Retired B&O R. R. Clerk Virginia  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	USA
	Luther S. Fry  15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yas, no, or unkown) [(flyesgivewer or dates of service)]	-
remova	T $T$ $T$ $T$ $T$ $T$ $T$ $T$ $T$ $T$	Ovettsville V.a
ation, or	IMMEDIATE CAUSE (a) LO POR LATTER OF THE CONTROL OF THE TO	363630
al, crem	Conditions, if any, which gove rise to immediate cause [a], stating the underlying DUE TO cause last.	10 ges
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO M
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18 ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour a.m. 19 While Not While at work at work 19	(County) (State)
ife Dept.	21. I certify that (I) (this hospital) altended the deceased from	d on the date stated above.
the or	22a. SIGNATURE  ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 122d. ADDRESS	226. DATE SIGNED
uiw be	NAME (Type) Dr. C.E. Pruitt Brunswick- Md. 21716  238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lower of CEMETERY)	or county) (Stele)
	BEHOVAL (Specific)	e, Virginia
;	M.R. Etchison & Son Frederick, Md. 21701 MAY 4 1966 JCh	erles Judge

J. 3

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY PENNSYLVANIA LEBANON ... Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give necess) town) write RURAL and give nearest town)
ral Near Frederick Auto Accident Mverstown Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 26 W. Main St.. Frederick Memorial Hospital refained State YES NO 3. NAME OF Middle 4. DATE Month with the St DECEASED 1966 April 25. Geist (Type or print) George DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS and 2 with Male Mar. Months Days and. WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign sountry) 12. CITIZEN OF WHAT COUNTRY donaguring most of working life, even if retired) Traveling Salesman Penn. Lehanon pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nellie Irvin Geist 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (lifyes give wer or dates of service)
Yes 188-07-7013 Roh&and Funeral Home Lebanon Penn. 18. CAUSE OF DEATH [Enter only one cause per line for je), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, If any, which gave rise to immediate cause pending DUE TO (u), stoting the underlying Medical Examiner be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): \$9, WAS AUTOPSY CERTIFICATION writing the word" of Chief Medical Ex Page 3 should be u **burial**, PERFORMED? NO T DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury impart I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMART OF CONTRIBUTING CAUSE OF DEATH. prior 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year should be forwarded to the Chi (County) (State) fectory, streat, office bldg., atc.) While Not While Q or its designated agent, いんり at work at work ease execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Inspection Undetermined manner death resulted from: Natural causes Accident / Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S B.O. Thomas, Sr. M.D. NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22dr LOCATION (City, lown, or county) (State) REMOVAL (Specify) Mt. Lebanon **→**0± Penn Kemoval ADDRESS 23. MINERAL DIRECTO! REC'D BY\_REGISTRARL 24b. CHESTRAR'S SIGNATURE FREDERICK Md. VR ATSME 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 95306requires that the death certificate be executed within 24 hours ofter death deoth 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH o. COUNTY b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If autside carparate imits, write RURAL and give nearest tawn)
Frederick c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Davs Frederick d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 333 West Patrick Street Frederick Memorial Hospital YES T NO DC 3. NAME OF DECEASED First Middle Last 4. DATE Month attending physicion and completer William Franklin Grove April 19 66 (Type or print) DEATH AGE ( n years IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR last birthday) Months Doys January 15, 1880 Male White WIDOWED 50 DIVORCED 100 USUAL OCCUPATION (Give kind of work done JOb KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired)

Retired Packing Company U.S.A. Frederick, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removol (Unknown) Jacob Franklin Grove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) Robert K. Grove, Route 5, Frederick, Md. 27/1 10 1/125 buriol, cremotian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) ) buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause as the FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO IK for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur o.m. factory, street, office bldg., etc.) Nat While þe 21. I certify that (I) (this haspital) attended the deceased from the by director, page 3 shauld should be filed with the 19 60 and that death accurred at 2 M, fram causes and an the date stated above. saw the deceased alive an 22b DATE SIGNED 22a, SIGNATURE ATTENDING April 6. 1966 DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 228 N. Market Street', Frederick, Md. LeRov T. Davis. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Tawn) 23a BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland 9 buria 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE M.R. Etchison & Son. Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. 1. PLACE OF DEATH
a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a STATE Maryland b. COUNTY Frederick **MARYLAND** Frederick CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Days Frederick completely filled in the carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? 24 Frederick Memorial Hospital 2hl West Patrick Street No X YES PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. NAME DE First elbbiM DATE Last Month Year DECEASED OF DECLA MAG HAMILTON (Type or print) DEATH APRIL 1965 6. COLOR OR RACE remaye 7. MARRIED [ DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours WIDOWED X DIVORCED [ physician and phease, in please, in val, and fig. 10a, USUAL OCCUPATION (Give kind of workdone) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? NOUSCOVIPE Rocky Springs, Frederick Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physical Then parties or removal, William D. Stone Ellen Crebbs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attendit 16. SOCIAL SECURITY NO. 17. INFORMANT Frederick, Ad. Address (Yes, no, or unknown) (If yes give war or dates of service) s been signed by the auxiliary the burial-transit permil None Mrs. Maude Small. 413 E. Patrick St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 10 Dec DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the prior FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as hould be filed with the State Dept. of Health prior underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATI PERFORMED? sende demontre (mes ND YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) Hour a.m. factory, street, office bldg., etc.) OR ATTENDING F - Not While 19 at work at work to Censic 17 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 196 6 and that death occurred at You M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Page 4 may M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S director, p should be 1 22d. **ADDRESS** FREDGRICK, IMD TOLL I HOUS C AVE 810 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) O Buria Mount Olivet Frederick. Maryland REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Maryland R. Etchison & Son, Frederick, VR A15 (4) 20M 1/65



 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
i = (IVI)	05308 CERTIFICATE OF DEATH
after death. the funeral ges 1 and 2 after death.	1. PLACE OF DEATH  1 2 IISUAL RESIDENCE (Where deceased lived 16 institutions Residence before admission
er d	a. COUNTY Frederick  MARYLAND  a. STATE  MARYLAND  b. COUNTY  FREDERICK
rs after by the Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
filled i	Trederick  Days  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENC ON A FARM?
n 24 y fille pape thin 7.	Frederick Memorial Hospital Foole 3 YES NO
be executed within 24 Isician and completely filled ease remove carbon papers and in any event, within 72	3. NAME OF First Middle Last 4. DATE Month Day Year OF
od v ompl	(Type or print)  Rena Haverstock DEATH AD AD 1 10 1966  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   19. AGE (in years   FUNDER 1 YEAR   FUNDER 2 4 HR
ed co	last birthday) Months   Days   Hours   Min
exi n ar in a	103 ISLAN OCCUPATION (Give kind of work done) 10h KIND OF DURINGS ON 131 DIDTHD ACE (Quick & Order a system country) 20 OFFICEN OF HAMAT
sician ease and ir	during most of working life, even if retired)    HOU'SEWIFE   Penna.   U.S.A.
cate be physician n please fal, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
remon	Joseph Bergen  CATHERINE BURKE  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17. INFORMANT  Address  MA
eath certific attending ermit, Then on, or remove	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md.
the attency the permits nation, or h	No Mrs. Elizabeth Barrett, Route #3, Frederick
-5 . >> o =	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH
physician. signed by burial-transil burial, crem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thatastatic Carcinoma of Breast Sycars
ires that physical signal physical physical physical physical physical control physical control physical control physical control control physical control con	Conditions, If any, which \ (b)
required find property peen the property or to be	gave rise to immediate
aw rettendii	underlying cause last. (c)
atten atten e has se as th prio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
4. The I	YES NO Z
The second second second	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PERFORMED?  YES NO Z  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIA the hospi this cer detached e Dept. o	
	Hour a.m. While Not While factory, street, office bldg., etc.)
ed by t ed by t After Id be d e State	21. I certify that (!) (this hospital) attended the deceased from 1966, to 400 10, 1966, that (!) (the last last last last last last last last
tain houl th	saw the deceased alive on 42.10 19 66, and that death occurred at 4.5 M, from the causes and on the date stated above
DR AT be re IIRECI e 3 s ed wit	22a. SIGNATURE 22b. DATE SIGNED
TAL DI may b tal Dil page e filed	M.D. PHYS. DIRECTOR PHYS. 1474-11 10, 1966
PITA FERAI	22c. PHYSICIAN'S NAME (Type) W. J. RIDDICK Md FREDERICK MARYLAND
TO HOSPITAL DR ATTENDING Page 4 may be retained by TD FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
E E E	BURIAL (Specify) 4-16-66 CALUARY CEMETERY W. CONShohicken Pa
	24. FUNERAL DIRECTOR ADDRESS Church St 24 Recp 3 RECISION 25 CRESTURES SCHATURE
VR AI5 (4) 20M 1/65	Alreade M. Fatrederick, Maryland DATE
20M 1/03	

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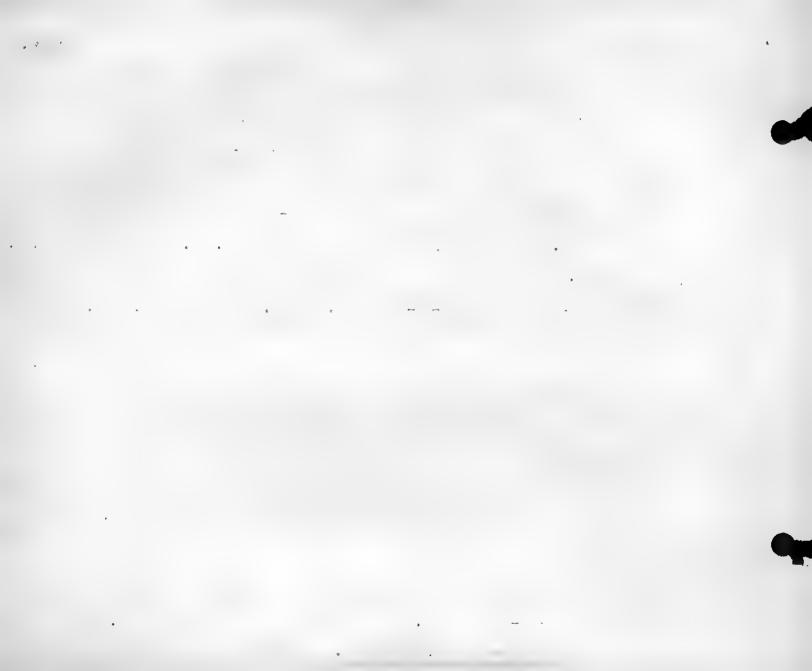
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05309 be executed within 24 hours after death. deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Marvland Frederick lease remave carban papers. Pages 1 and in any event, within 72 hours after Frederick MARYLAND b CITY OR TOWN ( f outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give recrest town)
Frederick Frederick vears campletely filled in d NAME OF HOSPITA, OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital 232 Dill Avenue YES TO NO TO 3. NAME OF E.rst 4. DATE Middle Lost Month Doy Year DECEASED (Type or print) Charles Albert April Hermann 16- 19 66 DEATH IF JNDER 1 YEAR 1 IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED b rthdoy) Doys Hours Male White May 2h-1881 WIDOWED DIVORCED 1Do. USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working fe, even if retired)
Retired please U.S. Mail Carrier COUNTRY? Frederick Co. Md. U. S. A. 14. MOTHER S MAIDEN NAME 13. FATHER S NAME burial, cremation, ar removal, attending phys The law requires that the death certi-Elizabeth Diehl Charles M. Hermann 16 SOCIAL SECURITY NO. 17. INFORMANT Address rederick. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no or unknown] [If yes give wor or dates of service] 214- 46- 5241 Mrs. Myrtle H. Hermann- 232 Dill Ave. INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burnal-trans.t p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a). **DUE TO** for use as the b stoting the underlying couse Page 4 may be retained by the hospital ar attending this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health YES NO 📉 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg . etc.) Not While While at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 1226, 1966, to comp 16, 1966, that (1) (we) last 3 should t saw the deceased alive an Clinic 1966, and that death accurred at 11:500 from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING 4-17-1966 8 DIRECTOR director, page 3 should be filed w M.D PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Pearre Church St.-Frederick, Md.21701 Dr. A. A. 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Mt. Olivet Cemetery Frederick- Md. APR 2 0 19 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Son-Ld.21701 Frederick.



Wd 200, WRGH, Fort Detrick, Maryland    Wd 200, WRGH, Fort Detrick, Maryland	ID 2.	RCH A	AND S	TA RE	COR	DE! RDS,	30°	RT <i>I</i> 1 W	MEN . PRE	ESTO	OF I	MEA STRE	LTP ET, I	<b>1</b> Bali	rimo	ORE 1	, MA	ARYI	ANE	
DELPHIA FORLY   STATE   STAT	ξŢ	CE	ERT	TIFI	ICA	ATE	C	)F	DE/	AT	H							ns	121	0
B. COUNTY Frederick  D. CITS OF TOWN, (if outside corporate limits, production)  Frederick  A. MARCOF MOSPITAL OR INSTITUTION (if not in bospital, give interest lown)  Wid 200, WRGH, Fort Detrick, Maryland  3 NARME OF DECEMBED  The Mode Hilderbraid  DEATH  ADATE  OF DECEMBED  The Mode Hilderbraid  DEATH  APTIL 11  S. SEX  C. COLOR OR RACE 7, MARRIED DIVORCION, I Dec 25 1924  Male  CLARLES  B. HYLDERRAND  DEATH  APTIL 11  S. AGE (1) years it University Market Divorcion, and the significant of the significant plants Days in the significant plant Operator US Gov't.  31. FATREES NAME  FRANKLIN THOMAS HILDERRAND  TES. WAS DICARSID IVE BLUSS AND STATES	3	18 3	,13		11.	a G	3/1	່ອນ	L RES	SIDÉI	NEE	(Where	decei	ased li	ved, If	institut	ion: Re	s'denc	e befor	edm ss
b. GHT ON TOWN If Parishes composeds limits, with SURAL and give nears of the parish surface and give near of the parish surface and give nears of the parish surface and give near of the parish surface and give near of the parish sur	M		347	4 E DV	PT RNI	ID			TE.	_						NTY				
Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in bopphal, ove street address)  Wid 200, WRGH, Fort Detrick, Maryland  3 MANNE OF DETRICK d. STREET ADDRESS 4.30 West South Street  Wid 200, WRGH, Fort Detrick, Maryland  430 West South Street  (I) DECEMBED  (I) DE		c. LENG					c	cit					sroq50	te I m	ts, write					own)
Wd 200, WRGH, Fort Detrick, Maryland   A30 West South Street   Wd 200, WRGH, Fort Detrick, Maryland   A30 West South Street   Wd 200, WRGH, Fort Detrick, Maryland   A30 West South Street   Wd 200, WRGH, Fort Detrick, Maryland   A30 West South Street   Willow Month Devy Deccase   Wd 100 King South Street   Willow Month Devy Market   Willow Month Devy Market   Willow Month Devy Month   Willow Month Devy Month   Willow Month   Willow Month   Willow Month   Wd 100 King South   Willow Month   Willow	е	Li	ife	ti	me			Fr	edei	ric	k									,
Share of percentage   Charles   E.   HIVDEBRAND   DEATH   Set   April   11   12   Set   April   12   Set   April   12   Set   April   12   Set   April   13   Set   April   14   April   14   April   15   Set   April   15   Set   April   16   April   16   April   17   April   18   April   1	reel	i oital, g ve	va street	et addr	lress)	-		ı. STR	EET AD	DRES	s ·							1		RESIDEN
Section   Sect	la	Mar	ryla	and	1			43	O We	est	St	outh	ı Si	tre	et				_	A FAR
CHARLES  E. HIMPERRAND  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8' DATE OF SIRTY  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8' DATE OF SIRTY  Male   Cauc.   WIDOWED   DIVORCED   DESCRIPTION   DESCRIPTIO	Aido		Mid	dd e T	Hil	de	rhi	ra h	est		4,		E		Mont	h		Dey	Y	eer '
106. JSLAL OCCUPATION (Give kind of work of done during moted working life, seven freelied)   105. KIND OF BUSINESS OR NDUSTRY 11. BIRTHPLACE (County & State, or fore-gin country)   12. CITIZEN OF W fore-done during moted working life, seven freelied)   13. FATHER'S NAME   13. FATHER'S NAME   14. MOTHER'S MAINEN   14. MOTHER'S MAINEN   15. FREEDRICK, MARYLAND   15. WAS DICCASTO EVER NUSS. ARMED FORCES!   16. SECURITY NO 17. INFORMANT   15. WAS DICCASTO EVER NUSS. ARMED FORCES!   16. SECURITY NO 17. INFORMANT   16. CAUSE OF DEATHWRISE Lower business per line for (s), (b), end (c)   16. CAUSE OF DEATHWRISE Lower business per line for (s), (b), end (c)   16. CAUSE OF DEATHWRISE LOWER LOWE	E		EVER MA	E.	ED 🔲	8	H <b>VL</b> DAT	DE/	BRA)		1		9. 4	AGE (	yaars hdey)	IF UN	IDER 1 Y	YEAR	IF UND	
Solological Plant Operator US Gov't.    Frederick, Maryland   Sicological Plant Operator US Gov't.   Frederick, Maryland   Sicological Plant Operator   Sicologic	NE5		BUSINES	ESS OR	R ND	JSTRY	11.	BIRT	HPLACE	<b>-4</b> E (Cou	unty 8	State,	or for	eign c		1	. CITIZ	IEN OF	WHA	l COU
15. WAS DECEASED EVER NUS. ARMED FORCES?  (Yes, no, or unknown) (Hysegiowanordohosotrarvice)  Yes Apr 2 143		IS Go	ov't				1	F	re de	eri	ck	, Ma					Į	JSA		
PART IL DEATH WAS CAUSED BY IMMEDIATE CAUSE (e)   Acute myocardial infarction   2 h	JR1		. SECJR	RITY N	NO 1	17. III	FOR			IA	]	FOGI	LE	,	Address	s				
DUE TO Conditions, if eny, which gave rise to immediate cause [a), stelling the underlying course lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. V YES  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (En or neture of in ury in Part 1 or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF ETHER NOTHER MEDIAN)   20c. TIME OF INJURY Month, Dey, lear Hour e.m.   19   4 white   19 work   19   19   4 white   19 work   19   19   19   19   19   19   19   1											rts	5 4	130	We.	st :	Sou	th S	INTE	RVALE	ETWEE
YES  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (En er neture of in ury in Part I or Part II of item 18.)  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (En er neture of in ury in Part I or Part II of item 18.)  20e. PLACE OF INJURY (Home, farm. 20f (City or town) (County)  While   Not While   19 et work   19 et w											LNAI	DISEA		NOIT (	3k GIV	ZEKI INI	DADT 1			
20c. Time of Injury Month, Dey, Year 20d. Injury Occurred While Not While of work fectory, street, office bldg., etc.)  21. I certify that (i) (this hospital) attended the deceased from					_												1781		PERI	FORME NO
21. I certify that (i) (this hospital) attended the deceased from																				
saw the deceased alive on11April 19.66, and that death occurred al. 30.000 from the causes and on the date 22s. SIGNATURE  22c. PHYS/CIAN'S	ile.	Not \	of While	e	20e.	, PLAC	E OF	INJUI	RY (Hon	me, fai dg., el	rm, lc.)   	20f (	City or	town)			(Count	у)		(Stat
226. SIGNATURE  22c. PHYSICIAN'S NAME (Typo)  A. C. ALEVIZATOS, Captain, MC  238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Byrial  4/14/1966  Rocky Springs Cemetery  ADDRESS  2459. REC'D BY REGISTRAR   25b. REGISTRAR'S HIGHARDER  ATTENDING. PHYS. DIRECTOR DETECTOR PHYS. DIRECTOR PHYS. DIREC	ece	led the	ne dece	cease	ed fro	om					19.	TDB 6	lo	******			19	, th	at (1)	(we
ATTENDING MED.  22c. PHYSICIAN'S NAME (Typo)  A. C. ALEVIZATOS, Captain, MC  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Buffiel  4/14/1966  Rocky Springs Cemetery  Frederick, Maryland  24 FUNER AND DRESS 255. REC'D BY REGISTRAR 25b. REGISTRAR'S HIGHARDES	56	15	19.66	j, a	and t	that	deat	h oc	cured	al.	300	M,Mfr	om t	he ca	uses	and	on th	e dat		
22d. ADDRESS  NAME (Type)  A. ALEVIZATOS, Captain, MC  US Army Medical Unit, Fort Detricl  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Byrial  A/14/1966 Rocky Springs Cemetery  Frederick, Maryland  24 FUNER ANDRESS  25a. REC'D BY REGISTRAR 25b REGISTRAR'S BIGMATURE  ADDRESS  25b. REC'D BY REGISTRAR 25b REGISTRAR'S BIGMATURE			1	٦ _	1 1				iDING.	_								3.7		2b. D. S.
NAME (Type)  A. C. ALEVIZATOS, Captain, MC  US Army Medical Unit, Fort Detricl  238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Byrial  4/14/1966  Rocky Springs Cemetery  Frederick, Maryland  ADDRESS  2250. REC'D BY REGISTRAR   25b. REGISTRAR'S BIGMATURE  ADDRESS	7	10-3 (	rej	wi	X p	1.10	- P	_	ADDRES	<u> </u>	DIRE	CTOR		PHYS,				11	Apr	11
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial A/14/1966 Rocky Springs Cemetery Frederick, Maryland ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS FREC'D BY REGISTRAR 23b REGISTRAR 23b REGISTRAR'S BIGMATURE	4		MC								/led	i ca	1 11	lni t	- Б	ort	- De	tri	ck	Md
REMOVAL (Specify) Burial  A/14/1966 Rocky Springs Cemetery Frederick, Maryland  ADDRESS 1258, REC'D BY REGISTRAR 1256/REGISTRAR'S BIGMAYURE				OF C	EMETE	ERY O	100000	- Part 1 1	_	y, r			-		-					(State)
ADDRESS 256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	у	Roc	cky	Sp					tery			_ ]	rec	der	ick	, M:	ary:		_	10.9107
DAILEY'S Funeral Home 1201 N. Mkt, St. Frederick 11 Apr 66 SAMES E. THOMAS	RES	01 N	N. M	ss M <b>kt</b>	, 8	St.	Fr	red	eriç	Sa. RI Ck Afe				- 1/	1 sur	erco	20	EMOM A	AS.	<i>ne</i> Mai



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05311 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission. o COUNTY o. STATE b. COUNTY Frederick Frederick Marvland burial-tronsit permit. Then places amove corbon papers. Pages 1 burial, cremation, or removol, and in any event, within 72 hours after MARYLAND completely filled in by the factor carbon papers. Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) t LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lifetime Buckeystown--Buckeystownd. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? Box 25 Box 25 NO TX NAME OF Middle Lost 4. DATE Month Dov Year DECEASED OF April 18-Hill 66 George Edward Type or print' DEATH SEX IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost pirthdoy) Months Doys Hours White July 19- 1931 Male WIDOWED DIVORCED ottending physicials and permit. Then places fem 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Frederick Co. Md. Line Dept. Company 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anna Hartman John W. Hill WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 218-24- 9916 Mrs. Mary M. Hill- Buckeystown-Md. Box 25 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY signed by the burial-transit g ONSET AND IMMEDIATE CAUSE (6) Page 4 may be retained by the haspital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse prior to for use as the WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detoched for use should be filed with the State Dept. of Health YES NO DE second 20o. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c, TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) at work of work 21. I certify that (1) (this hospital) attended the deceased fram Sep 1. 21, 19.57, ta 18 1966, and that death occurred at 3 A M, fram causes and an the date stated above. saw the deceased alive an 220. SLONDIURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Mt. Olivet Cemetery Frederick- Md. 2Sb. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Frederick-Md M.R.Etchison & Son-



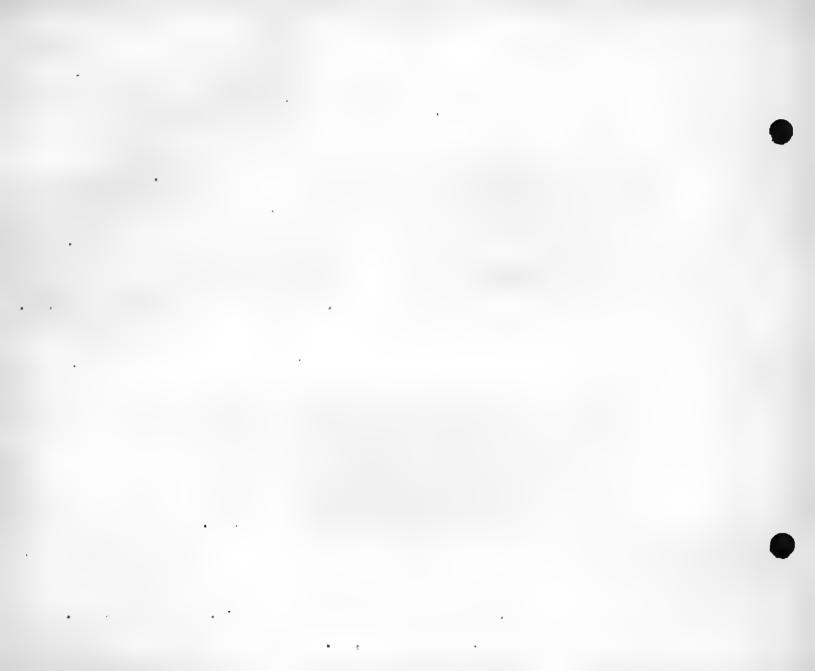
RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Dorchester Dorchester Maryland ral director. Pari MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town] l dav Hudson Cambridge d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? Cambridge Maryland Hospital None State after YES NO X retained 3. NAME OF Middle 4. DATE Month Yaar 94 DECEASED OF JACKSON JOSEPH J. 19 66 DEATH April 12. (Type or print) 3 10 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX last birthday) Feb. 15, 1964 Months and Male White WIDOWED -DIVORCED hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [State or foreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cambridge, Maryland ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page PUNEBAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 \$ USA None 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME Donald Jackson Norma Lee Ruark in any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INPORMANT Address (Yes, po, or unkown) (Ifyasgive war or dates of service) Mr. Donald Jackson, Hudson, Maryland None in pencil in Itam 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN or removal. ONSET, AND DEATH PART 1. DEATH WAS CAUSED BY: Extensive congential malformations heart hrs IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to Immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? or its designated agent, prior to burial, YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Not While While at work - at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection and in my opinion Inquiry Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER I John Mace NAME (Typo) Address (Street, city, town, or county) Cambridge. please 4 shoul 70 FUN Health 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22a. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Speddens-Sewards Cemetery James, Dor. Co., Maryland Burial 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland YR AISME 5M 1/63



×	1 (M		MARYLAND STATE DEPART DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 V 0526() CERTIFICATE OF	W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
4 3	funeral and 2 r death.	1			110201
4	funer 1 and 1 deat	1	a. COUNTY	JSUAL RESIDENCE (Where decrased lived, If Institution: Re b. COUNTY	esidence before admission)
	vitilin 24 nours after death letely filled in by the funera rbon papers. Pages 1 and 2 , within 72 hours after death		The month and give hear out town?	Mary land TY OR TOWN IT outside corporate limits, write Rokal S	and Rive nearest town)
	t nour led in sers. 72 hou	-	Hurlock   Lange   Days   d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STR	Cambridge REET ADDRESS	e. IS RESIDENCE ON A FARM?
	0.3	_	Belle Haven Nursing Home	101 Rambler Road	YES NO TO
	executed within and completely remove carbon prant, within any event, within	3.	NAME OF FIRST Middle DECEASED	Last 4. DATE Month	Day Year
3	E ST	<u> </u>	(Type or print) Ella Cook Jan SEX 6. COLOR OR RACE 17 MARRIED IN NEVER MARRIED I 8. DATE	mes   DEATH April 30,1	966 19
				last birthday) Months	Days Hours Min.
	red in an	10:	Oct.  USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OF   13 BUSINESS OF	BIRTHPLACE (County & State, or foreign country)   12. Ci	TIZEN OF WHAT
3	icia icia and	du	INDUSTRA	CO	TIZEN OF WHAT UNTRY?
-	phys phys ai, a	13		rion Sta., Somerset Co.,	. U.S.
1	Ther		Charles Howeth		
	tend it.	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM., no, or unknown) ((flyes pive war or dates of service)	MANT 101 Address mb 1	ar Road
	eau erm on,	_	No   220-48-7099 Mrs.01	tto C. Porter, Cambridge	
	requires that the death certificate be ding physician. Been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and is		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
7	ar r ian, id by tran tran cre		PART I. DEATH WAS CAUSED BY: Congestive Heart	t Failure	3 days
4	attending physician, has been signed be as the burial-train h prior to burial, cre		DUE TO CONCERN John !		1
-	and		conditions, if any, which gave rise to immediate (b) Seneral debil	1 14	2 years
	or the		cause (a), stating the DUE TO underlying cause last.		
	or after or after ate has use as	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TI	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
į	or safe	CAT			PERFORMED?
341616161	hospital or certificate ched for us pt. of Heali	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (E ON TRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of Injury in Part I or Part II of Item 18.)	
	the this deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF IN factory, street   20m.   20m	NJURY (Home, farm, t, office bldg., etc.) (City or town) (Coun	ty) (State)
Single Si	: Af	_	21. I certify that (I) (this hospital) attended the deceased from Abri &	28 1966 to AINC 30 196	6, that (I) (we) last
E	retained CTOR: At 3 should with the S		saw the deceased alive on Cohot 30 1966 and that death of	occurred at 3 M, from the causes and on the	
<b>A</b>	y be right of the property of		22a. SIGNATURE	ENDING - MED. STAFF - 22b. DA	TE SIGNED
i de la constante de la consta	NERAL D		22c. PHYSICIAN'S 1 22d.		ester Mds
5	Page directed should	23a	REMOVAL (Specify)	, , , , , , , , , , , , , , , , , , , ,	ity) (State)
	- A	24	Burial May 3,1966 Green Lawn Come	etery Cambridge Md	SIGNATURE
	VR AI5 (4)	13	-//-	MAY 1 1000 Octions	in Judal
	20M 1/65	1=	weily K Stebusay Cambridge, Md.	DATE A 1000	0

\* P 6 • В

1	K	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 80£	IJ	05261 CERTIFICATE OF DEATH
death, funeral and 2 and 2 r death,		PLACE DF DEATH
er fu		Dorchester Maryland b. county Dorchester
after y the ges ]		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
24 hours after death filled in by the funeral agers. Pages 1 and 2 n 72 hours after death		Bishops Head   entire lift Bishops Head / /
24 ho filled in 72 hin 72 hin		d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE   DN A FARM?
	1	Rural Rural YES NOT
executed within 2.		3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED
ted wi comple ve cark event,		(Type or print) Arthur Jones DEATH Apr. 30.1966 19
con		5. SEX   6. CDLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 Hrs.
executed end con remove		Male   White   WIDOWED   June 17.1883   82 vrs.   WIDOWED   June 17.1883   WIDOWED   June 17.1883   WIDOWED   WIDOWED   June 17.1883   WIDOWED   WIDOWED   June 17.1883   WIDOWED   WIDOWE
		1Da. USUAL DCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ficate be physician or please	ď	Waterman Retired   Bishops Head   U.S.
icat phy n p	ľ	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME
certifica ding pt Then Temova		Columbus Jones Islander Jones
h ce tend iit.		15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes, no, or unknown)   (If yes give war or dates of service)
leath co		220-32-0724 Mrs. Elizabeth Jones, Bishops Head, Md.
the dea' n. by the at nsit perr		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND GEATH
at the		PART I. DEATH WAS CAUSED BY: Anono careinoma of proside
requires that the death certificate be ding physician. been signed by the attending physicial the burial-transit permit. Then please or to burial, cremation, or removal, and	ı	
phy phy signaturi		conditions, If any, which ) with helds lases
requir ding p been the by		gave rise to Immediate cause (a), stating the OUE TO
faw re tittendii has bo as th		underlying cause last. (c)
(C) (D) (C)		PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  DR. CACCIDENT WAS UNDERLYING TO CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
0 = 0		YES NO
E to to		20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  The contributing Cause of Death (If the contribution of the c
HYSICA ne hos his ce stache Dept.		
Set = FE		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While Not While 10 factory, street, office bldg., etc.)
ol by the After of be done of the control of the co		Hour a.m.    While   Not While   factory, street, onice bidg., etc.)
NDI ned the A		21. I certify that (I) (this hospital) attended the deceased from 200 , 1966 to 400 34 19 6 that (I) (we) last
L OR ATTEND y be retained DIRECTOR: / age 3 should lied with the		saw the deceased alive on 1966, and that death occurred R:00 MAtion the causes and on the date stated above.
PR PER	ı	22a. SIGNATURE 22b. OATE SIGNED
ITAL OR may be tal DIR , page	/ [	22c. RHYSICIAN'S   DIRECTOR   PHYS.   DIRECTOR   PHYS.   22d. ADDRESS
<u>⊨</u> = \$58	- 1	NAME (Type)
O HOSPITAL Page 4 may O FUNERAL I director, pai		23a. BURIAL, CREMATION, 23b. DATE THEREDF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
5 등 등 등 학		Burial Cremation, 23b. Date thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) May 2,1966 Dorchester Memorial Park, Cambridge, Md.
	0	24 FUNERAL DIRECTOR ADDRESS 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	4	Towneth the of rues cambridge, Md. MAY 4 1966 gollarles Judge.
20M 1/65		I DAIPE.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
05262 CERTIFICATE OF DEATH	05261			
1. PLACE OF DEATH a. CDUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE / b. COUNTY	Residence before admission			
b. CITY DR TOWN (If outside corporate limits, write RURAL and give pearest town)	AL end give nearest town			
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	8. IS RESIDENCE DN A FARM?			
Eastern Shore State Hesp- 315 Naylor Street	YES ND			
(Type or print) Prainia Lice Unec DEATH April	Day Year			
THE DESIGNATION OF THE PROPERTY OF THE PROPERT	ER 1 YEAR IF UNDER 24 HR			
1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind DF BUSINESS DR 11. BIRT HPLACE (County & State, or foreign country) 12. BIRT HPLACE (County & State, or foreign country) 12.	CITIZEN DF WHAT			
13. FATHER'S NAME	1/37			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMAN 7.2 C. Proch (Douglastes) 11	Phila/Pa			
- Necords - Eastern Shir	e Stik 1/			
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH			
Conditions, if any, which				
gave rise to immediate cause (a), stating the DUE TD				
	(a) 19. WAS AUTOPSY PERFORMED?			
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item	YES ND 18.)			
	County) (State)			
Hour a.m. p.m.  19   While   Not While   factory, street, office bidg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from 19 2 2 1 19 2 2 1 19 2 2 19 2 2 2 2 2 2				
22a. SIGNATURE / 22b.	DATE SIGNED			
22c. PHYSICIAN'S NAME (Type)	Dud.			
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMBTERY OR CREMATORY 23d. LOCATION (City, town or	county) (State)			
Burial Apr. 8/1966   Parsons Cometery   Salisbury, Mar   24. FUNERAL DIRECTOR   ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR   25b. REGISTRAR   25c. REGI	Y LENG.			
HOLLOWAY & COMPANY SALISBURY, MARYLAND APR 1 1 1966   John	es Judge			
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,  CERTIFICATE OF DEATH  a. CDUNTY    DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,  CERTIFICATE OF DEATH  a. CDUNTY    DIVISION OF STATISTICAL RESEARCH AND RESEARCH AND RESEARCH (I mutitable)   DIVISION OF STATISTICAL RESEARCH AND RESEARCH (I mutitable)   DIVISION OF STATISTICAL RESEARCH AND RESEARCH AND RESEARCH (I mutitable)   DIVISION OF STATISTICAL RES			

Thereforder

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY Derchester Derchester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Cambridge Ten Years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Cambridge papers. in 72 h e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Y Moores Avenue Moores be seecuted within etely carbon 3. NAME DF DATE Middle Last Day DECEASED DF DEATH 1966 (Type or print) Meare Ada Keeme AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR DR RACE 8. OATE OF BIRTH 9. . 7. MARRIED T NEVER MARRIED remove last birthday) Months | Days and WIOOWEO [ DIVORCEO [ Remaile. yrs. 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) physician **COUNTRY?** during most of working life, even if retired) Laborer USA Laberer Atlanta death certificate MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Celia Brown Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ne atten permit. Ь (Yes, no, or unknwn) | (If yes pive war or dates of service) burial-transit perm burial, cremation, \*\*\*\*\* Irving Keene, Cambridge, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) signed **OUE TO** Acute Viral Infection Cenditions, If any, which peen gave rise to Immediate 事む DUE TO cause (a), stating the has be e as the prior t underlying cause last. The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICAT NO I 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) After this cerild be detached to State Dept. o (State) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from April 20, 1966 to April < /19 66 that (I) (we) last DIRECTOR: age 3 should lied with the . 19 66 and that death occurred at \_\_\_\_\_M, from the causes and on the date stated above. saw the deceased alive pn\_ 22b. OATE SIGNED 22a. SIGNATURE ATTENDING X director, page should be filed M.O. DIRECTOR PHYS. O HOSPITAL O FUNERAL 22€. PHYSICIAN'S 22d. AOORESS NAME (Type) St. . Cambridge . Md. Fassett M. D. Pine Edwin NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Dorchester Co. 1966 Neck Cemetery Meekins. 25a. REC'D BY REGISTRAR MINERAL DIRECTOR **ADORESS** 1966 VR A15 (4) 20M 1/65

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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission a. COUNTY Dorchester Page Maryland **b.** COUNTY Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL end give nearest town! for your Life Rural-Cambridge Rural-Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE Crapo None-Crape ON A FARM? State hours after YES NO 3. NAME OF First Middie 4. DATE Year DECEASED LLOYD (Type or print) KIRWAN DEATH April 1h. 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and 3 YEL last birthday) | Months | Male Whited April 19, 1894 WIDOWED X 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign acuatry) 12. CITIZEN OF WHAT COUNTRY Page done during most of working life, even if relired) Seafood Dorchester Co., Maryland Capt. Dredge Boat USA Dages PM3. 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME Benkamin Kirwan Give Melly Webster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (Iffyesgivewarordatesofservice) Unknown Mr. Lleyd L. Kirwan, Cambridge, Maryland Office along with 18. CAUSE OF DEATH [Enter only one seuse per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Coronary occlusion Instan DUE TO Conditions, if any, which (b) gave rise to immediate cause Medical Examiner's DUE TO (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hell 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X should 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam IB.) PRIMARY | or CONTRIBUTING | prior MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) the the et work at work ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinion death resulted from: ¬Natural causes ✗ Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACT TOTAL DATE SIGNED SIGNATURE EXAMINER'S John Mace Jr. L.D. NAME (Type) Address (Street, city, town, or county) Cambridge A shoul O FUN Health 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or county Dorchester Memorial Park Cambridge, Maryland 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE YR A15ME LeCompte Funeral Service, Cambridge, Maryland 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05265CERTIFICATE OF DEATH hours after death and 1. PLACE OF DEATH a, COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Dorchester Dorchester Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 2 hours .⊑ Cambridge Life Cambridge papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled 6. IS RESIDENCE d. STREET ADDRESS 22 24 ON A FARM? = Cambridge Marvland Hospital Street Wells NO X completely to Inc. executed within NAME OF Middle Last 4. DATE ั่≋ Month Day Year DECEASED OF ent, Frederick (Type or print) Light DEATH Apri? 1966 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | in any ex DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days Hours and Male Negro WIDOWED DIVORCED

10a. USUAL OCCUPATION (Cive Kind of work done during most of working lire, even if retired)

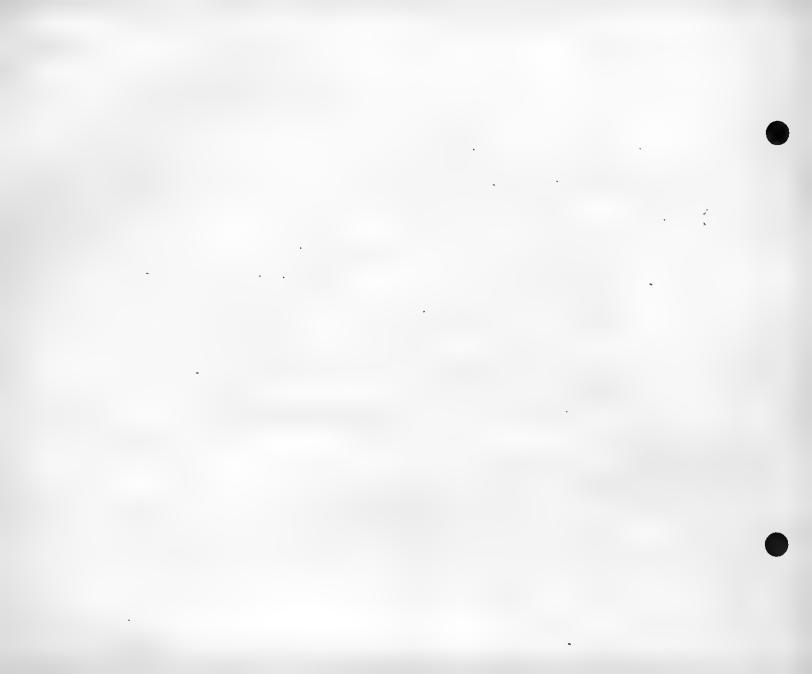
10b. KINO OF BUSINESS OR INDUSTRY Male WIDOWED DIVORCED [ Oct. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please lease and ir death certificate be COUNTRY? Laborer USA Dorchester ( Co 13. FATHER'S NAME removal Thomas Johnson Mable Light 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17, INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unknown) (If yes give war or dates of service) No Baltimore, Lillian Griffin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that tipage 4 may be retained by the hospital or attending physician. Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate the l DUE TO cause (a), stating the has le as t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY certificate hather the for use a transfer to the second the second transfer to the second transfer tran PERFORMED? Liver-Secondary Anemia Cirrhosis Of The NO K YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Pert 1 or Part 11 of Item 18.) FUNERAL DIRECTOR: After this certificetor, page 3 should be detached toould be filed with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While at work at work p,m. 15, 19 66 21. I certify that (i) (this hospital) attended the deceased from April 19 66 saw the deceased alive on April and that death occurred at. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SICNED 11-17-66 DIRECTOR 22d. ADDRESS PHYSICIAN'S director, p should be NAME (Type) Edwin Fasset. M.D. Pine Street Cambridge, Md LOCATION (City, town or county) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cambridge Md Bethel /20/66 Burial ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR A15 1/65

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1 (	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
(M)			CERTIFICATE		ALIIMORE, MARTEAND 21	05000
ب _~ ج		05266	CERTIFICATE			<u>USZ65.</u>
within 24 hours after deoth.		LACE OF DEATH  COUNTY  COUNTY	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	nce before odm ssion)
offer of the formal of the contract of the con	-	CITY OR TOWN (It autside carparate limits,	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside	corparate limits, write RURAL and ge	ve neorest town)
urs o		write RORAL and give nearest town)	3000	Chost	01	10
hou hou	-		ntal, give street oddress).	d. STREET, ADDRESS		e IS RESIDENCE ON A FARM?
n 24 n 24 pape	k	astron Shore St	late HASP-	Marling	1 faxms	YES NO
equires that the death certificate be executed within 24 hours after physician. signed by the ottending physician and completely filled in by the furbural-transit permit. Then please remove carbon papers. Pages I buriol, cremation, or removal, and in any event, within 72 hours after		IAME OF PIRST PROPERTY OF PROP	E Middle	201/V	DE Monta	2 19 6 C
we cor	S		RIED NEVER MARRIED 8	DATE OF BIRTY	9. AGE (M years IF UNDER last birthday) Months	Doys Hours Min.
ony 6		F W WIDO		6-13-88	77 yrs.	
be e n ond e re		USUAL OCCUPATION (Give kind of work done ]] og most of working if e, even if refliced)	Db KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stot	e, or foreign country) 12. (	OUNTRY
iciar iciar ileas		FATHER'S NAME	110	14. MOTHER SMATDEN NAME	0 11/26	4014
phys en p oval,	13.	PAINTEN RASE 1	24/1/12	Zucy	Car	
th ce	ĮŠ,	WAS DECEASED EVER NUS ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	1
death trenct rmit r, or	(Ye	(It yes give wor or dotes of service)	234-21-3734	crards -	- Arsfitel	
the or if pe or ion	Ť	18. CAUSE OF DEATH (Enter only one couse per ty PART 1. DEATH WAS CAUSED BY.	for (o), (b) and (c).)	1/-		INTERVAL BETWEEN ONSET AND DEATH
thot in. by th ansi		IMMEDIATE CAUSE (o)	neumonia,	davar		
sicio sicio ned al-tr ol, c		Conditions, if ony, which gove )				
equi phy sign burn burn		rise to immediate couse (a).  Stating the underlying couse				
s low retending is been as the prior to		lost. (c)				
The low rottending has been se as the h prior to	Z.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
AN: The	CATIC					YES NO
- 2	CERTIFICATION	20a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Port I		
G PHYSIC the hospi this certi detached de Dept. o	MEDICAL	Hour o.m.	While Not While foctor	OF INJURY (Home form, ry, street, office bldg., etc.)	2Df. (City or town) (C	ounty) (State)
by the fiter of the decision o	2	p.m. 19 c 21. I certify that (# (this haspital) c	ot work L of work L	Dec-11 196	to at aprese 19	€€, that\$\(\psi\) (we) las
END Sed I		aw the deceased alive an	1966, and that	death accurred at	M, fram causes and an	the date stated above
ATTER etaine CTOR: shoul		229. SIGNATURE , A C - A	1	ATTENDING MED.		DATE SIGNED
OR be re 3		James to Smile	M.D	PHYS L DIRE	CTOR LI PHYS.	your 66
rral o moy be cal Dile		22c/ PHYSICIAN S ( NAME (Type)	F. Smith.	22d ADDRESS		
A HOSPI' Page 4 π FUNER director, should b	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	3d. LOCATION (City or Town)	(County) (State)
TO HOSPITAL OR ATTENDING PHY Page 4 may be retained by the hat FONERAL DIRECTOR: After this director, page 3 should be detacted by the should be filed with the State Department		Apr. 4, 19	23c NAME OF CEMETERY OR C Lorraine Park		Baltimore, Mary	
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRESS	2So REC'D BY		SIGNATURE
20 M 1/66	1 3	moreund of a morse	gard may Sara	B INA: DATEAPK	1966 Jan	my judge



1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN	ID 21201
	05267 CERTIFICATE OF DEATH	05266
fer death	1 PLACE OF DEATH a. COUNTY DORChester  MARYLAND  2 USUAL RESIDENCE (Where deceased lived, if institution. b. COUNTY b. COUNTY	Residence before admission)  Caroline
haurs aff	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Sural Cambridge 5463Ms 23 days  d NAME OF HOSPITAL OR INSTITUTION (If not of hospital, give dreet address)  CERGTH OF STAY IN 1b  CCITY OR TOWN (If autside corporate limits, write RURAL  GREEN 3 GORD  STREET ADDRESS	e is residence ON A FARM?
ted within 24 har pletely filled in the carban papers. Part, within 72 har	Zastern Shore State Huspital	Day Year
gad completely filled in by the remove carban papers. Pages in within 72 haurs att		FUNDER 1 YEAR OF UNDER 24 HRS.  Hours Min.
ate be ex icion and lease ren and in ten	10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country)  Per N N	12 CITIZEN OF WHAT COUNTRY?
th certific ling phys Then premoval,	13 FATHER'S NAME  Oliver Marker  14. MOTHER'S MAIDEN NAME  Adher's Seama;  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT  Address	√3
t the deat the attend sit permit nation, or	(Yes, no, or unknown) (If yes give wor or dates of service) 84 10 - 7536 Hospital, Records  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician gud—completely fulled in by the furtieral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in many event, within 72 haurs after death	Conditions, if any, which gave as to immediate cause (a), stating the underlying cause (c)  [Astronomy of the course of the cour	16 hm.
: The la ir atten e has b use as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
rsician aspital o certificat hed far or. of Hec	20g. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OR ATTENDING PHYSICIAN be retained by the haspital of JIRECTOR: After this certifical e 3 should be detached far ed with the State Dept. of He	20c. TIME OF INJURY Manth, Day, Year  20d INJURY OCCURRED While at wark at work at wor	(Caunty) (State)
ATTEND ATTEND frained to TOR: Af should to ith the S	saw the deceased alive an 4/16/1966, and that death occurred of 1/5/18, fram couses on	d on the date stated above
TAL OR I	220. PHYSICIANS NAME (ypo) James F. Smith.  ATTENDING MED. MED. STAFF PHYS. ET  221. ADDRESS Sastern Shore. Sta	te Hosp
ro Hospital Page 4 may To Funeral director, pag should be fi	230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d JOCATION (City or Town)  REMOVAL (Specify) 4-20-66 Liverys Coro	, md.
VR A15 (4)	24. FUNERAL DIRECTOR BOOK STORES STORE DAPR 22 1966 CL	arles Judge



1	Division 05268			CH AND RECORDS	CERTIFIC				ARYLANI	7
1.	PLACE OF DEAT	rchester		MARYLAND	2. USUAL RESIDE	NCE (Where d		institution: Resi		a dinission
-	b, CITY OR TOWN	if outside corporeta (iπ d give negres) town)	nits, c	LENGTH OF STAY IN 16	c. CITY OR TOW	Y (if oulsida con	porate limits, write	RURAL and g	ive nearest toy	vn]
-	Hu	rlock R.D.	(if not in hospite	10 Years	d STREET ADDRE		Maryland			ÉSIDENCE A FARM?
	R.F	.D. #2 -	Box 84	A	R.	F.D. #	2- Box 8	4 A		NO [
3.	NAME OF DECEASED (Type or print)	James		Roosevelt	Mouring	4. DATE OF DEATI	Month April	18	Yea 19	66
	sex Male	6. COLOR OR RACI	WIDOWED	DIVORCED NO	vember 15,	1915	AGE (in years last birthday) 50 yrs.	Months Day		Min.
d	one during most of we	ION (Giva kind of wor orking life, even if retir at Eastern	ed)	Rendering Co.		Carolin			A.	COUNTRY
	1	Madison Mo			Mary		(maiden	name un	known)	
15 (Y	es, no, or unkown)	rER IN U.S. ARMED FO Ifyesgivewarordelesof	RCES? 16. SO service) 239	9-07-8767 Mrs	vformant i. Addie Mo	uring,	Address Hurlock,	Md. R.	F.D.#2	
-	PART I. DEAT			for (a), (b), and (c).)	f skull		*		INTERVAL BE	
	Conditions, if any gave rise to immed (e), stating the sausa lest.	y, which (blinte cause inderlying)	)							
CERTIFICATION	PART II. OTHE			IBUTING TO DEATH BUT NO				EN IN PART 1(a	PERF	NO
	206. EXTERNAL C. PRIMARYX or CO CAUSE OF DEATH.	ONTRIBUTING [	Was wo	now indusy occurred.	ar, Jack	appare	ntly sl			fel
MEDICAL	12:45 p.m.	4/18/66	While al work	at work X Yar	d of home	Near	Hurloc	(County	r. Md.	(Slete)
) [ E	04 7 114	hat I took charge	of the remain	ns described above, he	d an Autopsy		-		and in my	pinion
3	21. I certify i						adotermined m	anner		
/   =	death resulted	from: Natural o	auses	Accident 🔀. Suici		AL EXAMINER	] _	_		
	ACTUAL EXAMINATS	John	- m	reely	CHIEF MEDICA ASSISTANT A DEPUTY MEDI	AL EXAMINER [ MEDICAL EXAMINER CAL EXAMINER	   NER	21/66	h ld	
	ACTUAL  EXAMINATS NAME (1992)  To BURIAL, CRÉMATIC REMOVAL (Specif)	John Mac	2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	M.D.	CHIEF MEDICA  M.D. ASSISTANT A  DEPUTY MEDI  Address (Streen  CREMATORY	AL EXAMINER [ AEDICAL EXAMINER CAL EXAMINER of, city, town, or 22d, LOCA	NER 1/2 County) Call TION (City, town	bridg	e , , , , , d , , , , , , , , , , , , ,	
222	ACTUAL  EXAMINER'S  NAME (Typs)	John Mac on, 22b. DATE THEE April 22	2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	M.D.	CHIEF MEDICA  M.D. ASSISTANT A  DEPUTY MEDI  Address (Streen  CREMATORY  CEMETERY	AL EXAMINER [ AEDICAL EXAMINER CAL EXAMINER bit, city, town, or 22d, LOCA NT. Ea	NER [] [4/2] county) Car	bridg	e, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Darchesker b. COUNTY a. STATE Talbot Maryland MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RUPAL and give nearest town) Neavitt 1 day the d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE LO: ON A FARM? 3 to 1 State hours NO X YES 3. NAME OF First Middle Last DATE Month Dav Year 4. DECEASED 2 19 66 April 1. GEORGE MULLIKIN DEATH (Type or print) with This after death. If a B. Give Pages 1, long with form 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS birthday) Months I Days Hours White Male. July 31, 1922 WIDOWED DIVORCED [ N Give Pa 10a. USUAL OCCUPATION (Give kind of work done) and 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) even during most of working life, even if retired) COUNTRY? INDUSTRY Neavitt. Maryland USA t hou. Item 18. St. of Maryland Marine Police any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hope Higgins Charles M. Mullikin File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) | (If yes give war or dates of service) permit. removal, Mrs. George T. Mullikin, Neavitt. Maryland WW II Yes INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EXAMINER: This certificate should be executed 5 burial-transit Coronary\_thrombosis IMMEDIATE CAUSE (a) Min. cremation, DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the the word '
the Chief | 60 underlying cause last. (c) ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? nsed YES NO T 2 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 200 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING T should be gent, price CAUSE OF DEATH. 3 shou agent, MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year I factory, street, office bldg., etc.) Hour a.m. Not While CTOR: Page designated et work 19 at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Undetermined manner death resulted from: Natural causes [Y]. Accident Suicide Homicide CHIEF MEDICAL EXAMINER YOUT Page ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MED SIGNATURE for O FUNERAL I DEPUTY MEDICAL EXAMINER Jmhn Mace Health EXAMINER'S please es director. retained Address (Street, city, town, of county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23h. DATE THEREOF 23a. Fill Crass Come leu 0 April 4. 1966 Burial REC'D BY REGISTRAN 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR ALSME (5)

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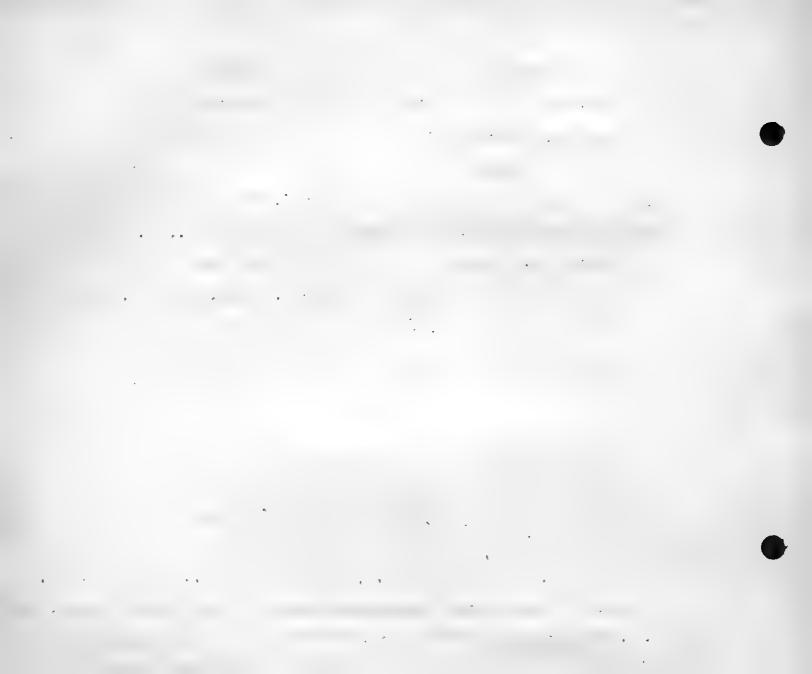
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by the bon papers. Page within 72 hours a Rural- Cambridge Mc Daniel Rural- St. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? RFD Rock. NO 🔽 YES Md executed within etely pou 3. NAME OF Last DATE Month Day DECEASED AGE (In years IFUNOER1 YEAR IFUNOER 24 HRS. Months | Oays | House | Ho OF DEATH remove car (Type or print) Rachel Ellen Murrav 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIEO and WIDOWED T OIVORCED [ 1881 Female physician a 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Talbot Co.m Md. USA Laborer Demestic death certificate 13. FATHER'S NAME MOTHER'S MAJOEN NAME attending phermit. Then Amnie Moody Brooks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5 (Yes, no, or unknwn) | (If yes give war or dates of service) as been signed by the attrast the burial-transit permiprior to burial, cremation, o T. M. Murray Cambridge RFD 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: the hospital or attending physician. Cardiac Decompensation IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which Arteriosclerotic Heart Disease gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate Gastroenteritis
DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) YES [ NO T 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) tached f MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20f. (City or town) Hour a.m. Not While p.m. at work at work DIRECTOR: At age 3 should led with the S retained 21. I certify that (I) (this hospital) attended the deceased from April Apri. 66 that (I) (we) last saw the deceased alive on April and that death occurred at .M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED O HOSPITAL OR / Page 4 may be r page MED. DIRECTOR PHYSICIAN'S 22d. AODRESS director, p should be f NAME (Type) Edwin Fassett. Pine Street Cambridge. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) Burisi Talbot aibourne Co. FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Cambridge. Md. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05271 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 hours after death. funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence o. COUNTY ely filled in by the fune bon papers. Pages 1 o within 72 hours after d MARYLAND b CITY OR TOWN ( f autside corporate imits, E LENGTH OF STAY IN 16 c. CITY OR TOWN outside corporate limits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? HOSPITAL OR INST JUTION (If not in haspital, give sweet, address) d STREET ADDRESS filled i YES NO X NAME OF DATE remeve Carbon Year and completely DECEASED 25 1966 (Type or pont) DEATH even SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** iast birthday) Manths Days Haurs ány WIDOWED X DIVORCED OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in physicion o during most of working life, even if petired) COUNTRY ? INDUSTRY Housewit SATHER'S NAME or removo 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes of service) -20-33 signed by the after burial-tronsit perm burial, cremotion, o 4NKNOWN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN monia IMMEDIATE CAUSE (a) be retained by the hospital or ottending physician. **DUE TO** General debititu Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying couse **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year (County) Q. Haur o.m. foctory, street, affice bldg, etc.) Not While at work 21. I certify that (I) (this hospital) attended the deseased from IVAICH 19 6 6that (1) (we) los 1966, and that death occurred at \$15 pM, fram causes and on the date stoted abave saw the deceased alive an 22a. SIGNATURE ATTENDING STAFF PHYS. MD. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S BARROSO Dorcheste NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) BUT181 66 Jr. Order ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cambridge Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital 820 Phillips Street YES NO X within etely carbon NAME OF DECEASED Middle Last DATE Month Edward Pinkett 20 19 66 DEATH April (Type or print) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SFX 8. DATE OF BIRTH last birthday) Months | Days June 12, 1913 Male Negro WIDOWED F DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1D2 USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR during most of working life, even It retired) INDUSTRY Water Department Employee-City of Cambridge Dorchester Co., Md. 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME removal, certifical Then attending Charles Henry Pinkett Mary Jones 15. WAS DÉCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 70 death (Yes, no, or unkown) ((If yes give war or dates of service) Freddie E. Camper, Cambridge, Maryland Unknown INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c), ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease been signed the burial-tr or to burial, ( DUF TO Hypertensive Cardiovascular Disease Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING detached for Dept. of I OR CONTRIBUTING ( CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work 2019.66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from April 18. 1966, to April DIRECTOR: 20, 19 66, and that death occurred at 8:40M, Prom the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR 22d. ADDRESS PHYSICIAN'S FUNERAL director, p NAME (Type) Pine St. Cambridge. Edwi'n Fassett.M.D 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Near East New Market, Maryl Thompsontown Cemetery 23,1966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR Framptom and Son, Federalsburg, Maryland



. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTA by the and 2 death. b. CITY OR TOWN (if outside corporete limits LENGTH OF STAY IN 16 c. CITY OR TOW I (If outside corporate limits, write RURAL and give nearest wrya, RURAL end give nearest town 24 5 within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF Middle Last 4. DATE Month Day DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS curtificate ba as! birthday) Months Days Hours WIDOWED remové any aver 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN 16. SOCIAL SECURITY NO. INFORMANT ARMED FORCES? Addres removal (Yas, no, of unkown) (Hyesgivawarordatesofservica) raquims that been signed by the attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Chronic Renal cremation, art ribsleratic Oradiorenal Disease Conditions, if env. which 20vrs geva risa to immediata ceusa **DUE TO** (a), stating the underlying Generalized arterioglerosis WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION PERFORMED? 2 3 No use prior 20b. DESCRIBE HOW INJURY OCCURRED (Entar nature of injury in Pert I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Dev. Year 20d, INJURY OCCURRED I 20f. (City or town) (County) (Sleta) fectory, streat, office bldg., etc.) Not While Hour a.m. 5 at work Dept. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from..... b 19 ....., that (I) (we) last M, from the causes and on the date stated above saw the deceased alive on...4 ... .., and that death occurred at 22a. SIGNATURE 22b. DATE PHYS. DIRECTOR PHYS. death. Page 4 HOSPITAL filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Preston Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) DATE THEREOF CREMATION, 236. D. p. T 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05274 CERTIFICATE OF DEATH funeral and 2 death/ hours after death, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Dorchester a. STATE b. CDUNTY by the f Pages 1 irs after Maryland Dorchester MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)

Hurlock - Rural c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH DF STAY IN 1b and Edmpletely filled in by emove carbon papers. Pag any event, within 72 hours Li fe Hurlock - Rural d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? RFD YES X ND within 3. NAME OF First Middle Last 4. DATE Month Dav Year DECEASED Hattie (Type or print) Mae Quailes DEATH April 29 19 66 6. COLOR OR RACE | 7. MARRIED 5. SEX remove remove 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. NEVER MARRIED Female March 2, 1888 Negro WIDDWFD DIVORCED RT lease re and in 10a. USUAL OCCUPATION (Give kind of work done) n signed by the attending physician burial-transit permit. Then please r burial, cremation, or removal, and in 10b, KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT during most of working life, even if retired)
Housework death certificate be INDUSTRY Home COUNTRY? Dorchester Co., Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Strawberry Mary Elizabeth Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Lula R. Hughes, Hurlock, Md., RFD #2 No Unknown 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the 2008 fom Hremi a chronic renal fatiure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. 60000 DUE TO Pyelonephritis ?4+5vsr Conditions, If any, which been gave rise to immediate r the DUE TD cause (a), stating the underlying cause last. has PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health p certificate PERFORMED? CERTIF.CAT Generalized artersios; cerosis YES [ No [ 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTINC ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) r this certi MEDICAL 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) RECTOR: After t 3 should be de with the State Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 44, and that death occurred at: 15 M from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SICNED OR be DIR director, page should be filed v MED. DIRECTOR April 29,1966 M.D. 4 may **DSTITAL** TO FUNERAL PHYSICIAN'S ADDRESS NAME (Type) Harold B. Plummer, M.D. Preston, Maryland 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) 23a. BURIAL, CREMATION. (State) REMDVAL (Specify) May 2, 1966 Near Hurlock, Maryland Burial Washington Cemetery FUNERAL DIRECTOR

J. Framptom and Son, Federalsburg, Maryland 25b. RECISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 05275MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY h. COUNTY a. STATE Dorchester Marvland Dorchester MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Cambridge Rural Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours Stoney Point Farm, RFD #3 Stoney Point Farm RFD#3 YES NO . 3. NAME OF First Middie DATE Last Month Day Year DECEASED the 72 OF (Typa or print) RICHAPDSON 19 66 LENA Leido DEATH Anril and 2 with eyents, within 6. COLOR OR RACE 7. MARRIED TO EXAMINER: This certificate should be executed within 24 hours after death. If an certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examimi's Office along with form AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) Months White Femal e WIDOWED 93 N DIVORCED [ 106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

Home 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Dorchester Co. Md. pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip I. LeCompte Susan Hubbard File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes also war or dates of service) permit. I removal, Mrs. Mack Hvatt RFD#3 Unknown Cambridge. Nd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, or Coronary occlusion day 420 DUE TO Conditions, if any, which (b). gave rise to immediate DUE TO cause (e), stating the 60 underlying cause last, used as to burial, PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY CERTIFICATION PERFORMEO? NO A 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc., Hour a.m. While Not While CTOR: Page et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X . Inquiry and In my opinion FUNERAL DIRECTOR: I Health or its design Natural causes [X]. Suicide Undetermined manner death resulted from: Accident Homicide your CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED SIGNATURE 1/5/66 DEPUTY MEDICAL EXAMINER IX please ex director. retained Jehn M.D Mace Address (Street, city, town, or county) Cambridge, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURLAL, CREMATION. 23b. OATE THEREOF 00 REMOVAL (Specify) Richardson Femily Cometery Burial DorchesterCo. LeCompte Funeral Service, Cambride 24. FUNERAL DIRECTOR BY REGISTRAR | 25b. Charles 66 VR ALSME (5) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05276CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH
a. CDUNTY \_ 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY filled in by the fi papers. Pages 1 hin 72 hours after Maryland Dorchester Dorchester MARYLANO b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)

etw. Toddville & Cambridge c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Teddville Minutes d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DOA Cambridge Maryland Hospital DN A FARM? None NO K YFS etely executed within NAME DE First Middle Last DATE Month Day Year DECEASED LENA ESTELLA DF ROBINSON 19 66 car 21 compl (Type or print) April DEATH SEX 6. COLOR OR RACE 8. DATE DE BIRTH 'emove 7. MARRIED NEVER MARRIED AGE (In years LIF UNDER 1 YEAR UF UNDER 24 HRS last birthday) Female Whi te July 18, 1878 Months Days Hours and WIDOWED T DIVORCED | 87 1Da. USUAL OCCUPATION (Give kind of work done | physician n please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? TTC 4 death certificate be during most of working life, even if retired) HOME and Toddville, Dor. Co., Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal John Johnson attending permit. Then Rose Ann Willey 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address 5 (Yes no, or unkown) (If yes give war or dates of service) Mrs Naemi Meere, Toddville, Maryland Unknown transit perm cremation, o 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), burial-transit burial, cremat INTERVAL BETWEEN The law requires that the ONSET AND DEATH ۵ PART I. DEATH WAS CAUSED BY: the hospital or attending physician. de IMMEDIATE CAUSE (a) signed DUE TD Cenditions, If any, which (b) peen gave rise to immediate 유유 DUE TD cause (a), stating the underlying cause last. (c) 33 PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health I CATI PERFORMEO? certificate YES NO L PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 20d. INJUNY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. White Not While at work at work 1966, that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the saw the deceased alive on and that death occurred at 100M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page filed MED. DIRECTOR age 4 may FUNERAL D M.D. PHYS. PHYS TO HOSPITAL Page 4 may B 22C. PHYSICIANTS 22d, ADDRESS director, should be BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 2 23, 1966 Zien M. E. Churchyard Toddville, Dor. Co., Md. 24. FUNERAL DIRECTOR **ADORESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR #15 (4) Telegraphen Judge 20M 1/65

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4	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	i = [V]	05277 CERTIFICATE OF DEATH 05976
	funeral and 2 r death.	1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY
		DORCHESTER MARYLAND M. DOR.
	24 hours after death filled in by the funeral apers. Pages 1 and 2 aper 1 hours after death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  RURAL CAMBRIDGE  6 MO.  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  WOOLFORD
	hour d in rs.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) id STREET ADDRESS
		EASTERN SHORE STATE HOSPITAL
	executed within  1 and completely remove Carbon p  n any event, within	3. NAME DE A. DATE Month Day Year
	Pa Carrier and Pa	1300
	an and co	FEMALE WHITE WIDOWED X DIVORCED 11/10/75 last birthday) Months Days Hours Min.
	eath certificate be exattending physician a ermit. Then please rennit, or removal, and in a	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRT HPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT   COUNTRY?
	ate t hysic plea plea I, an	MAINE U.S.  13. FATHER'S NAME ( ) 14. MOTHER'S MAIDEN NAME
	tifica ng pl hen nova	Charles Kied Larch Stinson
	endii it. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unhown) [[[ we give war or dates of service]]
	deati e atl perm ion, (	NO HOSPITAL RECORDS
	the oy the sit sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
	that ician red the transfer the	MMEDIATE CAUSE (a)
	phys sign suria buria	conditions, if any, which ) Go Jeneral debility Juans
	ttending ttending has been as the l prior to	gave rise to Immediate cause (a), stating the DUE TD
	law itten has e as pric	underlying cause last. ) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	The or a cate r use	PERFORMED? YES NO [7]
	PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please E Bept. of Health prior to burial, cremation, or removal, and it	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED  YES 19. WAS AUTOPSY PERFORMED  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, createned.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  P.m. 19 at work at work at work
	NDIN ned 1 1: Aft uld t	21. I certify that (I) (this hospital) attended the deceased from MACh 19, 1966, to Abrit 1, 1966, that (I) (we) las
	CTOS Sho	saw the deceased alive on April 1966, and that death occurred at 745 aM, from the causes and on the date stated above
	OR DIRE	Carlos & Barwsw M.D. ATTENDING & MED. STAFF WED. \$14/1/66
	HOSPITAL OR ATTENDING PHY age 4 may be retained by the FUNERAL DIRECTOR. After thi rector, page 3 should be detiould be filed with the State D	22c. PHYSICIAN'S CARLUS F. Barruso ESSHospilal. Cambridge Md.
	TO HOSPITA Page 4 ms TO FUNERAL director, p	232 BURIAL CREMATION, 23b. DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
	7	24. FUNERAL DIRECTOR ADDRESS 1250. REGISTRAR 250. REGISTRAR'S SIGNATURE
	VR AIS (4)	Section , retroughty Elect him Market DATEPR 4 1968 generales Judge
	EOM 1/03	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. death funeral 1 and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY ampletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autolia corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If gutside carparate limits asoN 6 IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If foot in haspital, give street address) □ NO X NAME OF 4. DATE Month Year DECEASED (Type or print) OF DEATH 1966 IF UNDER 24 HRS n vegrs IF UNDER I YEAR S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED maye last birthday) Months Days Hours WIDOWED DIVORCED 12, CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even frettred)

13. FATHER'S, NAME COUNTRY? INDUSTRY TINKNOWN 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, COSES Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c).) signed by the burial-transit s PART I. DEATH WAS CAUSED BY CONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. **DUE TO** Conditions, if any, which gave rise to immediate couse (a). **BUE TO** stating the underlying couse director, page 3 shauld be defoched far use as the shauld be filed with the State Dept. of Health priar ta use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, affice bldg., etc.) Nat While at work at wark FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from 4-21 9, 1966, that (1) (we) los 19/05 to 19 66 and that death occurred at 443 M, fram causes and an the date stated above saw the deceased alive an april 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. **ATTENDING** M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 230, BURIAL, CREMATION REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) DATE THEREOF ENTREVILLE CHESTERFIELD 0 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR **FUNERAL DIRECTOR** 



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
(M)		05279 CERTIFICATE OF DEATH	79
24 hours after death filled in by the funeral apers. Pages 1 and 72 hours after death	1.	a. COUNTY a. STATE b. COUNTY	e before admission)
ter he s 1 fter	_	Dorchester Maryland Md. Dorchester	
s aff	L	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ve nearest town)
in l	<u> </u> _	Cambridge 13 days Williamsburg	10 2501251125
		C 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	e. IS RESIDENCE ON A FARM? YES NO
i de la	3.	NAME OF First Middle Last 4 DATE Month Day	
death certificate be executed within the attending physioten and completely permit. Then please prove carbon gion, or removal, and in my event, with		OFFICE (Type or print) Mary Stanley DEATH April 13.	19 66
comice c	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   FUNDER 1 YEAR last birthday) Months   Days	IF UNDER 24 HRS.
ecut my e		Female Negro WIDOWED DIVORCED April 17.1918 17 yrs. 71	Hours Min.
	1D	Da. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR   11, BIRTHPLACE (County & State, or foreign country)   12. CITIZEN	OF WHAT
be es	du	uring most of working life, even if retired) INDUSTRY Maryland U.S.A	11
ficate b physical physical present wal, and	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-
Triffic nov		Samuel Jones Sarah Brown	
ce ce T.	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   37. INFORMANT Address	
ne death certificate the attending physit permit. Then plynation, or removal,	10	Yes, no, or unknown) (If yes give war or dates of service) No 216-16-7989 Luther Stanley Williams burg	ма
the de	=	1.18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), [	RVAL BETWEEN
the missing		PART I. DEATH WAS CAUSED BY:	SET AND DEATH
hat icial red rtra I, cr			
hys sign rria uria		conditions, if any, which by Coronary Heart Disease	
agult.	П	gave rise to immediate	
ad the solution		cause (a), stating the DUE ID underlying cause last. (c)	
law atte has e as	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
or or us us	CERTIFICATION	YI	ES NO
tiffe all		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	
cer cer			
HYS the hether this etac Det	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)	(State)
<b>a</b> ≥ a a a a b a a a a a a a a a a a a a a	Ī	Hour a.m.  While Not While factory, street, office bldg., etc.)  at work at work	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat age 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the atrector, page 3 should be detached for use as the burial-transit permitted by the State Dept. of Health prior to burial, cremation,	1-	21. I certify that (I) (this hospital) attended the deceased from April 1, 1966, to April 13,1966, to	hat (I) (we) last
tain Early St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co		saw the deceased alive on April 13, 19/66, and that death occurred at 3P.M. from the causes and on the dat	
retail retail	П	22a. SIGNATURE 22b. DATE \$1	
AL OR nay be page page filled		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 11-13-	-66
TAN SAL Se f		22c. PHYSICIAN'S NAME (Type) J. Edwin Fassett M.D. 22d. ADDRESS 727 Pine St., Cambridge,	M/d
J HOSPITAL Page 4 may PINERAL Di Girector, pag		J. Edwin Passett, M. D. 12, Time Do., Cambridge,	
TO HOSPIT Page 4 m TO FUNERA director, should be	23	3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
== =	_	Burial 4/16/1966 Church Tvaskin	Md.
14	2	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	Mr.
VR A 5 (4) -/ 20M 1/65	_	Centro ot - Tellant sales THA DATE DO DE 1965 Charles	-
		7 77 77 77 77	



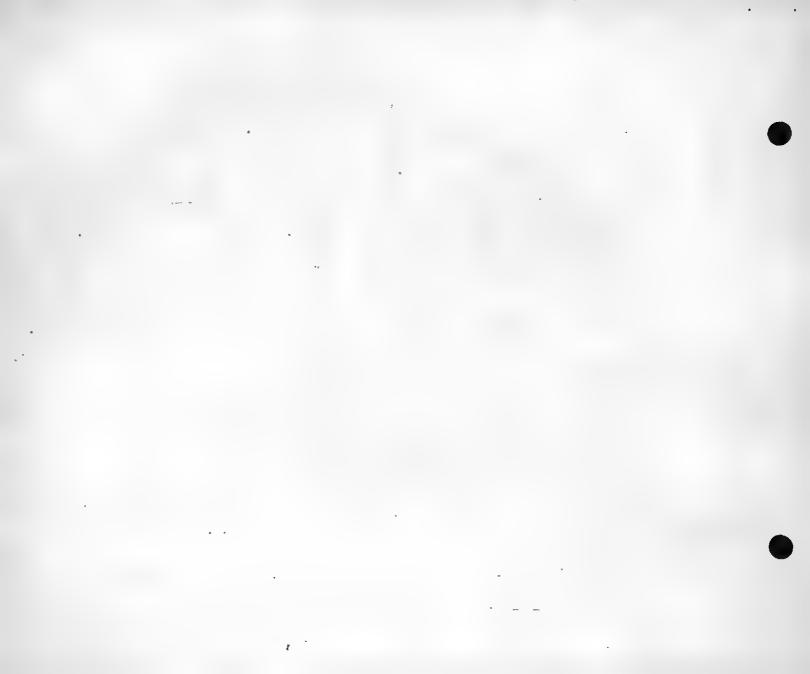
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH o COUNTY b COUNTY o STATE death. MARY! AND Marvland Derchester Derchester b. C TY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If guts de carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) offer Elliett Island 12 vears Cambridge (rural) d. NAME OF HUSPITAL OR INSTITUTION (If not in hospital, give street address). d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 72 hours YES NGV Item 18. Give Pages Eastern Shere State Hospital hours after death alona with Middle 4. DATE Doy 3 NAME OF Lost Month Year DECEASED OF 1966 April (Type or print) DEATH Ruth Themas IF LINDER 1 YEAR F UNDER 24 HRS < <tX NEVER MARRIED TO 8 DATE OF BIRTH ( n years birthdoy) 6 COLOR OR RACE 7 MARRIED Months Dovs Hours 08-29-21 WIDOWED DIVORCED Female White event 10o. USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY USA Maryland Aud Housework d "pending" in pencil in Chief Medical Examiner's pages In any 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME be executed within Pearl Thompson Melvin Thomas and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO ar remaval, Records of the Eastern Shore State Hospital INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per ne for (o), (b), and (c)) ONSET AND DEATH **burial-transit** PART I. DEATH WAS CAUSED BY. CER EBRAL VA SCULAR ACCEDENT IMMEDIATE CAUSE (o). This certificate should cremation, DUE TO farwarded to the Conditions, if only, which gave rise to immediate cause (o). DUE TO storing the underlying couse burial, 4 19 WAS AUTOPSY PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CHRONIC BRAIN SYNDROME, EPILEPSY. NO the certificate, p p 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part I of term 18.) PRIMARY OF CONTRIBUTING shauld CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 👿 Inquiry [ ond in my opinian the funeral director. Accident Undetermined manner death resulted from: Natural couses Suicide Hamicide CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE 4/6/66 Б DEPUTY MEDICAL EXAMINER JOHN MACE J **EXAMINER'S** Health Address (Street, city, town; or county) NAME (Type MAME OF CEMETERY OR CREMATORY (Country) (Stote) 0 25or REC'D BY REGISTRAR 2Sb\_ REGISTRAR'S SIGNATURE FHINERAL DIRECTOR VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		5281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05281			
HEALTH DEPT.	1	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased year, if institution: Resid on COUNTY and STATE by COUNTY by COUNTY in the County is a STATE by COUNTY in the County in the County is a state by County in the County in the County is a state by County in the County in the County is a state by County in the County in the County is a state by County in the County in the County is a state by County in the Co	ence before adm ssian			
cny deloy is, 2, and 3 to 1 PM3. Poge epartment of softer deoth.	H		loncester			
Ciny delay 2, and 3 i PM3. Pog spartment ofter death	-	wyo RURAL and give neagest town) Limbridge 10mon. 13day Rocomo Ke	AG HBOLB 21 TOWN)			
Depo	F	d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address)  d. STREET ADDRESS	e IS RESIDENCE ON A FARM?			
ath If any delay is ages 1, 2, and 3 to ith farm PM3. Page State Department of 2 hours offer death.	2	NAME OF First Model Lost 14 DATE Month	YES NO X			
haurs ofter death tem 18. Give Page Office olang with 1 and Z with the State	1,	NAME OF DECEASED (Type or print) Grover Cleveland TRUITT DEATH 4	Day Year			
nn 18. Giv fice olang	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years If UNDE	R I YEAR   IF UNDER 24 HRS			
fice of the state	100	TIME WINDOWED DIVORCED 1 2-21-2087 18 VIZ	CITIZEN OF WHAT			
hin 24 haurs ofter de nc.l in Item 18. Give F niner's Office olang wi pages LanpZwith.ihe in ony eventwithin 7	du	che penter   INDUSTRY   Haryland	COUNTRY SA			
within a pencl i xaminer xaminer	3	FATHER'S NAME 14 MOTHER'S MA DEN NAME				
J with per Example File and	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17. INFORMANT Address	1			
executed nding" ii Medicol permit.		es, na, ar unknown) (If yes give war ar dates af service) 220-26-2324 Eastern Shore State	HOSP			
be executed "pending" in iief Medicol E insit permit. F		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH			
should be e ne ward "per ia the Chief I burial-tronsit mation, ar re		1 MMEDIATE CAUSE (a) REMIA	4 DAYS.			
shou e wa i the		Conditions, if any, which gave rise to immediate cause (a). (b) NEPHRITIS				
This certificate should to cate, writing the ward be forwarded to the Chebe used as a burial-troof to burial, cremation, a		stating the underlying cause DUE 10				
ertifik vrrtin ward ward aed a	-	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19 WAS AUTOPSY			
his coate, ve for e for to be us	CATIO	DIABETES MELLITUS.	PERFORMED? YES NO			
LAL EXAMINER: This certificate should be executed within 24 haurs offer death. If cexecute the certificate, writing the ward "pending" in penc.1 in Item 18. Give Pages 1, pr. Poge 4 should be forwarded to the Chief Medical Examiner's Office along with farm of far your files.  TOR.Poge 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Degnated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours.	IL CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 1 of item 18.)				
necessary, please execute the certificathe funeral director. Page 4 should b. 5 may be retained far your files.  To FUNERAL DIRECTOR: Page 3 should Health or its designated agent, priar	MED CAL	20c TIME OF INJURY (Month, Day, Year Hour a m. 20d iN. JRY OCCURRED 20e PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or fawn) (City or fawn)	County) (State)			
AL Executor. Pognared far parated		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry	ond in my opinion			
MEDYC please e director retained DIRECT IS design		death resulted from: Natural causes   Accident  , Suicide   Hamicide   Undetermined manner   CHIEF MEDICAL EXAMINER	J			
Y MI pleat directed its of		SIGNATURE MD ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED			
D DEPUTY MEDICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained far your 5 FUNERAL DIRECTOR: Page Health or its designated age		NAME (Type) JOHN MACE SR. DEPUTY MEDICAL EXAMINER SAME (Type) JOHN MACE SR. Address (Street, city, town, or county)	4/10/11			
necenter the the S mc S mc Heal	23	BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (Stare)			
n.P	2	Bunia April 12 1946 Bites Methodist Some Hill Me	SIGNATURE			
VR A15ME (5)	-25000	San Will Med 12 1966 Schart	es judge			



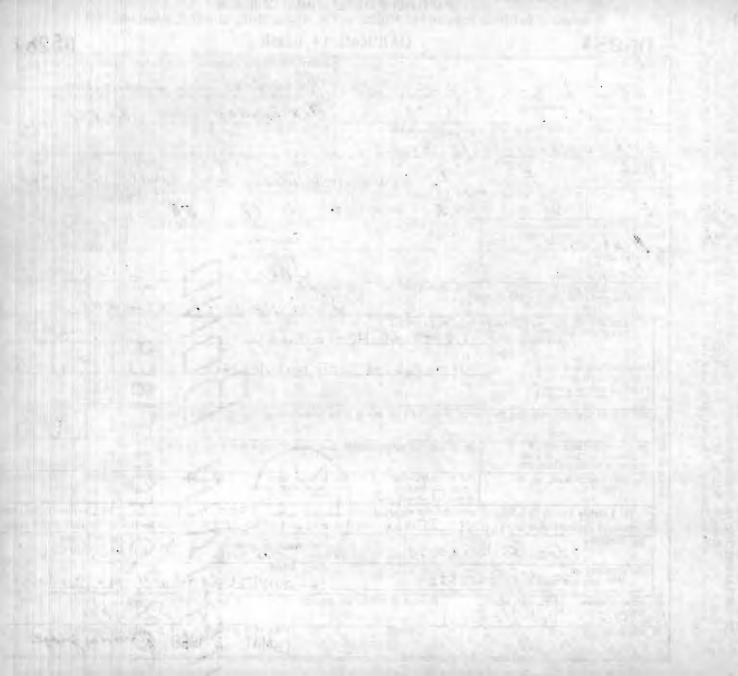
•	1 7 6	1	DIVISIO	N OF STATISTIC	MAK AL RESE	TLAND STATE D ARCH AND RECOR	EPAKIMENI ( DS. 301 W. PRES	UF MEALIN TON STREET. BA	ALTIMORE	1. MARYLAND	
	- TIVI	10	5282			CERTIFICATE OF DEATH 05282					
	funer and and a	1.	PLACE OF DEATH	1					lived, If Institut	ion: Residence before admiss	ion)
	after of the fuges 1 sterior after of the fug	_	B.	ORCHESTER		MARYLANO	e. STATE	Mo.		WOR. V	_
•	s age of the state			N (if outside corporat and give nearest tow	e limits, n)	c. LENGTH OF STAY IN 1			limits, write R	URAL end give nearest to	NU)
	S. P. In I	-	RURAL CA		Al (16 mat in h	5 WEEKS		MOKE CITY		l e. IS RESIDEN	ICE.
	n 24 hours y filled in by papers. Pa hin 72 hours			SHORE STATE	Hospi		MA-IN-S	The St. of the Control of the Contro	ket St	ON A FARM	17
	executed within 24 hours after and completely filled in by the remove, parbon papers. Pages 1 n any event, within 72 hours after		NAME DF DECEASEO (Type or print)	BESS	rst I E	Middle E •	Last WARD	4. DATE DF DEATH		Day Year	
	nte diameter		SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	8. OATE OF BIRTH	_ last i	(In years IFU birthday) Mor	NDER 1 YEAR IF UNDER 24 Hours   M	in.
	executive and a second		MALE	WHITE	WIDOWED		7/5/87	(County & State, or fore	and the		
	cian cian ase nd ir	đu	ring most of work	ing life, even if retire	d) 100. P	IND OF BUSINESS OR NOUSTRY	MD.	(Lighting & State, or 1976	ign teamuy)	12. CITIZEN OF WHAT COUNTRY?	
	ate hysi ple al, a	13	Housew FATHER'S NAM				14. MOTHER'S M	IAIOEN NAME		0.3.	
			JOHN HOW	AR D			EMMA HEND	ERSON			
	The law requires that the death certificate be or attending physician. sate has been signed by the attending physician ruse as the burial-transit permit. Thun please ealth prior to burial, cremation, or reminal, and in	l i	5. WAS DECEASED	EVER IN U.S. ARMED FO I (If yes give war or dates o	RCES?   16.	SOCIAL SECURITY NO. 1	7. INFORMANT		Address		
	e att e att on, o		NO				SPITAL RECO	RDS			
	sit I					line for (a), (b), end (c).]				INTERVAL BETWE	EN (H
	tat t		/,	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	BRONCHOPNE UMO	NIA			1 WK.	
	hysical signal irial	1	Conditions, If	DUE any, which \		GENERAL DEBIL	1 TY			2 YRS	
	quir ng p sen sen te bi		gave rise to		(b) TO	-		~			
	endiis S b rior	1.	underlying caus	e last.	(c)						
	re lart ratt re hart re hart th p	Į.	PART II. OTHER S	SIGNSFICANT CONDITIO	ONS CONTRIB	UTING TO DEATH BUT NOT R	ELATED TO THE TERMIN	AL DISEASE CONDITION	NGIVEN IN PAR	PERFORMED	7
	Fear Car	IFIC,	202 ACCIDENT	WAS TINDEDLYING TO	20b.	DESCRIBE HOW INJURY OF	CURRED (Enter natur	a of Injury in Part I of	r Part II of Its	YES MO	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be or Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Thin please in should be filed with the Stalle Dept. of Health prior to burial, cremation, or reminal in and in	CERTIFICATION	(IF EITHER, NO	WAS UNDERLYING THE NG CAUSE OF OEA TIFY MEDICAL EXAMI	NER)						
	PHY the this deta deta e De	MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Oay,	Year   20d.   While	Not While 6	LACE OF INJURY (Hom ctory, street, office bld;	e, farm, 20f. (City o g., etc.)	or town)	(County) (State	:)
	OR ATTENDING P r be retained by the control of the	E	p.	m. 19	at wor	k et work	- 1		1.10		1
	the days			y that (I) (this hosp ceased alive on	oital) attend 4/6	led the deceased from 19 66, and t	3/2	, 1966, to		19 <u>66</u> , that (I) (we) I on the date stated ab	
	With Selection		22a. SIGNATU		10	151014 t		A.M.	1 ( 22	2b. DATE SIGNED	7100
	y be y be one age age		(4	larly of	Dan	W 2	M.D. PHYS.	OIRECTOR PH	TAFF TYS.	4/6/66	
	HOSPITAL ( age 4 may l FUNERAL D rector, pag ould be file		22c. PHYSICIA NAME (T)		. BARR	oso	E.S.S.	HOSPITAL, C	AMS RIDG	SE. Mn.	
	Page Page direct should	23	a. BURIAL, CREN	ATION, 23b. OATE	THEREOF	23c. NAME OF CEMET	ERYOOK OR BOOKINESK	23d. LOCATIO			=
	5 5 5 ×		Buria :		1966	Pitts Cr	eek Bapti	st Worces	ster C	ounty, Md.	
		) {	4. FUNERAL DIRI	CTOR 1		AODRESS		REC'D BY REGISTRAR	25b. REGIS	STRAR'S SIGNATURE	
	VR AI5 (4)	1	Joseph !	H. Wass	277	Pocomoke C	lty Md own	PR 1 1 1966	gua	vely judge:	
	V								-	***	



1 (3)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
(M)	05283 CERTIFICATE OF DEATH	05283					
ifter death e funerai es l and i	PLACE OF DEATH O. COUNTY  MARYLAND  D. COLTY OR TOWN (If outside corporate limits, write RI  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RI  C. LENGTH OF STAY IN 1b	Wicomice'					
24 hours a ed in by the appers. Page	d NAME OF HOSP TAL OR, MISTITUTION (If year in haspital, give street address)  d STREET ADDRESS  A STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO					
recuted within 24 hours after death reampletely filled in by the funeral nove carbon papers. Pages 1 and my event, within 72 hours after death	3 NAME OF DECEASED (Type or pnnt)  S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE An years loss burst-body						
ertificate be execute physician and campional and in any eventional, and in any eventional, and in any eventional.	WIDOWED DIVORCED JOURNAL OF STATE OF ST	12. CIT ZEN OF WHAT COUNTRY?					
at the death certifi the attending phy nsit permit. Then matian, or removal	Vim Haoper Mary	iress					
equires th physician signed by burial-tra burial, cre	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (c)  [b]  OULT O  DUE TO  (c)	INTERVAL BETWEEN ONSET AND DEATH AND MANUEL MINISTRACTOR					
N: The Ic ar atten ate has b rr use as ealth pric	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  200 ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201 CITETITIER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO					
G PHYSICIA The haspital This certific detached fe	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 at work at work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At work  At wor	(County) (State)					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health priar to burial, cre-	21. I certify that (I) (this haspital) attended the decepsed from Three 1962, to Held	s and an the date stated abave					
ro Hospital. Poge 4 may o Funeral I	230 BURIAL, CREMATION, REMOVAL (Specify)  130 CT   10 / 6   0 R 15   1 - 1   1   1   1   1   1   1   1   1						
VR A15 (4) NP	3rodshawly Sons Funeral Home - Crisfield, MD. DAPR 12 1966	REGISTRAN'S SIGNATURE Cliantes Judge					

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05284 05284 requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH deat o. COUNTY MARYLAND ve carbon papers. Pages I event, within 72 hours offer mpohester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest town) RIda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street pddress) d STREET ADDRESS filled i YES NO NAME OF Middle 4. DATE Month Day Lost Year OF DEATH DECEASED Type or print IF LINDER 1 YEAR IF HNDER 24 HRS NEVER MARRIED DATE OF BIRTH AGE (In years S. SEX -6. COLOR OR RACE MARRIED icthdoy) Months Hours Days DIVORCED 0 WIDOWED STATIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during ross of working life, even it retired) INDUSTRY Sweden yeusewit 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, KNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dates of service 17. INFORMANT 16 SOCIAL SECURITY NO. ecopeds cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) OUSET AND DEATH signed by the buriol-transit PART I. DEATH WAS CAUSED BY erebral IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO acteriosclerosis Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Health prior to has been the last. 00 19. WAS AUTOPS' PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work O FUNERAL DIRECTOR: After 1966 to Wiri 21. I certify that (1) (this haspital) attended the deceased from Ubra 25 19 66, and that death occurred at 641 9 M, from couses and on the date stated above saw the deceased olive an G 22b. DATE SIGNED 220. SIGNATURE Bauosa STAFF M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S CARLOS F. Barroso Dorcheste, Co ESSHOSpital director, should be 23c ANAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230\_BURIAL, CREMATION DATE THEREOF (Coupty) REMOVAL (Specify) ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution, Residence before admission) . COUNTY al director. Page for your files. Derchester a. STATE Cambridge b. COUNTY Dorchester 40 MARYLAND Department b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporata limits, write RURAL and give naarest town) write RURAL and give neerast town) Id fe Cambridge Cambridge d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospital, give street eddress) . IS RESIDENCE and 3 to the funeral Cambridge Maryland Hospital 615 Race Street ON A FARM? be retained the State after YES NO X 3. NAME OF First Middle 4. DATE Day Month hours DECEASED OF GLENWOOD WROTEN (Type or print) DEATH April 29 19 66 with 72 h 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Semay Male White birthdey) 1901 Aug. Months WIDOWED [ DIVORCED hours after 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 8. Give Pages 1, 2 form PM3. Page done during most of working life, even if relired) Farming Dorchester Co., Maryland USA File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sewell Wroten Not Known in pencil in Item 18. Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Dermit. (Yes, po, or unkown) (Hyesgive war or dates of service) Mrs. Lee Greenwell, Cambridge, Maryland e, writing the word "pending" in pencil in Item 11 the Chief Medical Examiner's Office along with the Page 3 should be used as a burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN remova ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure hrs. DUE TO ō (b) Hypertensive C-V Disease Conditions, if eny, which used as a but geve rise to immediate cause DUE TO (a), stalling the undarlying gause Jest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION burial PERFORMED? YES T NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL the Chie 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year 20e, PLACE OF INJURY (Home, farm, ! 20f. ICity or town! (State) Not While lectory, street, office bldg., etc.) at work si work forwarded to the L DIRECTOR: F 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion Natural causes X death resulted from: Suicide . Accident Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINER'S Cambridge. NAME (Type) Address (Street, city, town, or county) John Mace A should 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, Jown, or county) East New Market Cemetery East New Market, Maryland 23. FUNERAL DIRECTOR ADDRESS 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR AISME 5M 1/63

population and the same The part of the second of the A STATE OF THE PARTY OF THE PAR 1956 TARY WYTHING COMPANY EAST NOW RECEDE negative and bedness on begins from the week